

## (1) PLACE OF BIRTH

County of RowanCERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA

File No.—For State Registrar Only

## (1) PLACE OF BIRTH

County of LaurensTownship of Grifts Creekor  
Inc. Town of.....  
or  
City of.....CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

1730

Registration District No. 1804 Registered No. 45  
(For use of Local Registrar)(No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Jackson Williams If child is not yet named, make supplemental report as directed3) BOY OR GIRL? B (4) Twin or Triplet? To be answered only in case of Twins or Triplets (5) Number in order of birth 70 (6) Age Parents Married? 70 (7) DATE OF BIRTH Jan 3 19 22  
(Month) (Day) (Year)

## FATHER.

8) FULL NAME Lack R. Williams9) PRESENT POSTOFFICE OF FATHER Laurens(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 25 (Years)12) BIRTHPLACE Laurens13) OCCUPATION Farmer20) Number of children born to mother, including present birth 12

## MOTHER.

(14) NAME BEFORE MARRIAGE Lena Bailey(15) PRESENT POSTOFFICE OF MOTHER Laurens(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Laurens(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 12

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at .....  
on the date above stated. (Born alive or stillborn.) (Hour A. M. or P. M.)  
1804  
11:00 AM(23) (Signature) W. H. H. H. H.(24) State whether Physician or Midwife Phys(25) Address of Physician or Midwife Laurens

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 12 19 22(28) J. T. Thomas Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.