

(1) PLACE OF BIRTH

County of Greenville

Township of

or
Inc. Town ofor
City of Greenville

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 22a - For State Registrar28450Registration District No. 22a Registered No. 473

(For use of Local Registrar)

(No. 216 N. Leach St.; Ward)(2) Full Name of Child Margaret Williams

(If child is not yet named, make supplemental report as directed)

(3) SEX OR CHILD <u>Girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 1, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME John H. Williams(9) PRESENT POSTOFFICE OF FATHER Greenville, S. C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 21
(Year)(12) BIRTHPLACE Greenville, S.C.(13) OCCUPATION Common laborer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Labance Brock(15) PRESENT POSTOFFICE OF MOTHER Greenville, S. C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 17
(Year)(18) BIRTHPLACE Greenville, S. C.(19) OCCUPATION Cooking(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Nancy Jones(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 2nd St.

(Given name added from a supplemental report)

(26) Witness O. L. Simpson
(Signature of Witness necessary only when question 23 is signed by week)(27) Filed Sept 29, 1923 (28) C. E. Smith
Registrar 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.

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