

(1) PLACE OF BIRTH

County of Colleton
 Township of London
 or
 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

29763

Registration District No. 1407Registered No.....
(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 Willie Williams

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 6, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm Williams(9) PRESENT POSTOFFICE OF FATHER Green Pond(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 20
(Years)(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION Farm Laborer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Catharine G. Green(15) PRESENT POSTOFFICE OF MOTHER Green Pond S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 35
(Years)(18) BIRTHPLACE Gre Co S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wiley Mitchell(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Green Pond S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept 9, 1922 (28) B. G. Bay Jr.
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.