

## (1) PLACE OF BIRTH

County of Sumter  
 Township of Sumter  
 or  
 Inc. Town of .....  
 or  
 City of .....

(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

File No.—For State Registrar Only

32506

Registration District No. 4108Registered No. 181  
(For use of Local Registrar)(2) Full Name of Child Nathaniel Williams If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 22 (6) Are Parents Married? No (7) DATE OF BIRTH Sept 20, 1922  
 (Name of Month) (Day) (Year)

FATHER  
 (8) FULL NAME Gainey William  
 (9) PRESENT POSTOFFICE OF FATHER Osceola SC  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 22 (Years)  
 (12) BIRTHPLACE Osceola  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth One

MOTHER  
 (14) NAME BEFORE MARRIAGE Maggie Ann  
 (15) PRESENT POSTOFFICE OF MOTHER Osceola  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY ..... (Years)  
 (18) BIRTHPLACE Near Osceola  
 (19) OCCUPATION Farming  
 (21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 A.M., on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mona Cash Osceola SC  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness H. A. Harrison  
 (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 19 (28) 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Made in Columbia, S. C.