

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Dillon  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; .... Ward)  
 (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. for State Register only

2823

Registration District No. .... Registered No. 31 .....  
 (For use of Local Registrar)

## (2) Full Name of Child

(a) SEX OF CHILD Male (b) Type or Token To be entered only in case of Twins or Triplets (c) Number in order of birth 1 (d) Age of Child 11 (e) DATE OF BIRTH 11 May 1923 (f) (Name of Month) (Day) (Year)

## FATHER

(1) FULL NAME James H. Williams  
 (2) PRESENT RESIDENCE OF FATHER Summerville S.C.  
 (3) COLOR OR RACE B (4) AGE AT LAST BIRTHDAY 28 (Year)  
 (5) BIRTHPLACE S.C.  
 (6) OCCUPATION Farmer  
 (7) Number of children born to mother, including present birth 1

## MOTHER

(1) NAME BEFORE MARRIAGE Mother Mary  
 (2) PRESENT RESIDENCE OF MOTHER Summerville S.C.  
 (3) COLOR OR RACE B (4) AGE AT LAST BIRTHDAY 24 (Year)  
 (5) BIRTHPLACE S.C.  
 (6) OCCUPATION Housewife  
 (7) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was James H. Williams, (Date) 11 May 1923, (Hour) 8 A. M. or P. M. on the date above stated.

(29) (Signature) James H. Williams

(30) State whether Physician or Midwife

(31) Address of Physician or Midwife Summerville S.C.

Given name added from a supplemental report

(32) Witness

(Signature of Witness necessary only when question 28 is signed by mark)

(33) Filed May 23 1923(34) J. T. Hallaway 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.