

(1) PLACE OF BIRTH

County of Sumter
Township of Marionville
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

36551

Registration District No. 4102

Registered No. 70
(For use of Local Registrar)

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

(2) Full Name of Child Donald Alexander 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 11, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Donald F. Williams

(9) PRESENT POSTOFFICE OF FATHER Beaufort

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30
(Years)

(12) BIRTHPLACE Marionville

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Williams

(15) PRESENT POSTOFFICE OF MOTHER Marionville S.C.

(16) COLOR OR RACE Color (17) AGE AT LAST BIRTHDAY 36
(Years)

(18) BIRTHPLACE Marionville

(19) OCCUPATION House Keeping

(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 born at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Born alive (24) State whether Physician or Midwife (25) Address of Physician or Midwife Dr. T. H. Alexander, Marionville, S.C.

Given name added from a supplemental report

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

(27) Filed 9/10 22 (28) OK 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.

For Use Only

27
Registrar

Ward

named, make as directed

h
7 (Year)

27

(Year)

at 10 A.M.
(Hour A. M. or P. M.)

Physician or Midwife

S.C.

Local Registrar

to this return

stillbirths