

County of Danville  
Township of Beaumont Spring  
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**

298

Registration District No. 603 Registered No. 3  
(For use of Local Registrar)

Inc. Town of.....St.: .....Ward)  
or  
City of .....(No. ....  
(If applicant is a boarder or other institution, give name of same instead of street and number.)

(2) Full Name of Child Paulo Williams

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

(3) BOY OR GIRL? *B*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH: Jan 1 1922  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Bryant Villanueva

(9) PRESENT POSTOFFICE OF FATHER Lamberton, N.C.

(10) COLOR OR *Black*

(11) AGE AT LAST BIRTHDAY *21* (Year)

(12) BIRTHPLACE

(13) OCCUPATION 7/7

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was female at 11:00 AM or P. M. 11:00 on the date above stated. born alive or stillborn  
Smith McGraw - No 23

(23) (Signature) Harold Wilson (23) Address of Physician or Midwife 1400

(24) State whether Physician or Surgeon Quackery N.Y.

Given name added from a supplement-  
al report

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

(27) Filed Jan 10 1922 (28) *Be. C. T. H. H. H.* Local Registrar.

19.....  
Registrar

(27) Filed.....

\*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.