

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**30781**

## (1) PLACE OF BIRTH

County of Ashe  
Township of Coopersville  
OR  
Inc. Town of .....  
OR  
City of .....

Registration District No. 2600 Registered No. 79  
(For use of Local Registrar)

(No. DAVIS St. .... Ward)

(2) Full Name of Child Henry Williams Jr. (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? No (7) DATE OF BIRTH Sept. 14, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Henry Williams  
(9) PRESENT POSTOFFICE OF FATHER Shiloh, S.C.  
(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 20 (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Farming

## MOTHER.

(14) NAME BEFORE MARRIAGE Bell Davis  
(15) PRESENT POSTOFFICE OF MOTHER Shiloh, S.C.  
(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 18 (Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Home work

(20) Number of children born to mother, including present birth One (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 born at 5-9 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lennie Hiff  
(24) State who is Physician or Midwife Physician (25) Address of Physician or Midwife Shiloh, S.C.

Given name added from a supplemental report

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

(27) Filed 9/20 or 10/1 (28) A. P. Hiff 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.