

(1) PLACE OF BIRTH

County of YorkTownship of Broodharian

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

32731

Registration District No. 4407Registered No. 91
(For use of Local Registrar)(2) Full Name of Child Emmer Williams

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

BIRTH Sept 4 22
(Name of Month) (Day) (Year)

(8) FULL NAME

Bill Williams

(9) PRESENT POSTOFFICE OF FATHER

Hickory Grove(10) COLOR OR RACE Col(11) AGE AT LAST BIRTHDAY 52
(Years)

(12) BIRTHPLACE

York Co

(13) OCCUPATION

Farmers

(14) NAME BEFORE MARRIAGE

MOTHER

(15) PRESENT POSTOFFICE OF MOTHER

Hickory Grove(16) COLOR OR RACE Col(17) AGE AT LAST BIRTHDAY 32
(Years)

(18) BIRTHPLACE

York Co

(19) OCCUPATION

Farmers

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

7

(21) Number of children of this mother now living, including present birth

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 12 alive at 3 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Medwife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed or mark)

(27) Filed

Sept 9 22

(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.