

(1) PLACE OF BIRTH

County Williamburg...Township of Missouri.....or
In 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

Registration District No. 4307.....

No. - For use of Registrar

34183

Registered No. 2.....

(For use of Local Registrar)

(2) Full Name of Child

Josephine Williams.....

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

(3) SEX OF CHILD <u>Girl</u>	(4) Type of Birth <u>To be reported as in case of Twin or Triplet</u>	(5) Number in order of birth <u>1</u>	(6) Age of Mother <u>28</u>	(7) DATE OF BIRTH <u>13</u> <u>1923</u> (Month) (Day) (Year)
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FATHER.

(8) FULL NAME John Williams(9) RESIDENCE OF FATHER Marionville(10) COLOR Negro (11) AGE AT LAST BIRTHDAY 50
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Common Laborer(14) Number of children born to mother, including present birth 9

MOTHER.

(15) NAME BEFORE MARRIAGE Minnie Perry(16) RESIDENCE OF MOTHER Marionville(17) COLOR Negro (18) AGE AT LAST BIRTHDAY 35
(Year)(19) BIRTHPLACE S.C.(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive..... at 5 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Philip Marshall(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Marionville S.C.

Given name added from a supplemental report

(25) Witness W. M. Marland.....

(Signature of witness necessary only when question 22 is signed by mark)

(26) W. M. Marland.....(27) W. M. Marland..... 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.