

W31
BIRTH

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

File No.—For State Registrar Only
29770

Registration District No. **1407** Registered No.
(For use of Local Registrar)

(No. St.; Ward)
(If child is not yet named, make supplemental report as directed)

Name of Child **Willie Williams**

(6) Are Parents Married? **Yes** (7) DATE OF BIRTH **1922**
(Name of Month) (Day) (Year)

FATHER: **Willie Williams**
Green Pond S.C.
(11) AGE AT LAST BIRTHDAY **40** (Years)
Green Pond S.C.
Farm Laborer
(21) Number of children of this mother now living, including present birth **Three**

MOTHER: **Esther Williams**
(14) NAME BEFORE MARRIAGE **Esther Williams**
(15) PRESENT POSTOFFICE OF MOTHER **Green Pond S.C.**
(16) COLOR OR RACE **Negro** (17) AGE AT LAST BIRTHDAY **37** (Years)
(18) BIRTHPLACE **Col Co S.C.**
(19) OCCUPATION **Farm Laborer**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I certify that I attended the birth of this child, who was **alive** at **11 P.M.**
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **Wiley Mitchell**
(24) State whether Physician or Midwife **Midwife** (25) Address of Physician or Midwife **Green Pond S.C.**

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Sept 12 1922 (27) Filed **Sept 12 1922** (28) Local Registrar

When attending physician or midwife, then the father, householder, etc., should make this return. No report is desired of stillbirths before the fifth month of pregnancy.

Registrar Only

Local Registrar)
Ward)
Number.)
Time, make
as directed

7. 22 (Day) (Year)

made
ted

22 (Years)

37 (Years)

37 (Years)

11 P.M.
M. or P. M.)

or Midwife
M.
M.)

Local Registrar

return. If
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Local Registrar.
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stillbirths