

## (1) PLACE OF BIRTH

County of AikenTownship of Langley

Inc. Town of .....

City of Bath, S.C.

(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

30808

Registration District No. 2179 Registered No. 145

(For use of Local Registrar)

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

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

(2) Full Name of Child Arthur Lanier Williams(3) BOY OR GIRL? Boy (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 28 23

(Name of Month) (Day) (Year)

FATHER. (14) NAME BEFORE MARRIAGE Edith Brown(15) PRESENT POSTOFFICE OF FATHER Bath, S.C. (16) PRESENT POSTOFFICE OF MOTHER Bath, S.C.(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 22 (Years)(19) BIRTHPLACE Alabama(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3(22) Number of children born to mother, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born at Bath, S.C. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(24) (Signature) Dr. J. W. Spradley (25) Address of Physician or Midwife Langley, S.C.

(If name added from a supplemental report)

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

(27) Filed Nov 3, 1923 (28) J. W. Spradley 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.