

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

14041

(1) PLACE OF BIRTH

County of *Charleston*Township of *James Isd.*

or

Inc. Town of

or

City of

Registration District No. *904*Registered No. *38*

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Paul Williams Jr.

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

(3) BOY OR GIRL *B.*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH

May 10, 1922
(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME

Paul Williams

(14) NAME BEFORE MARRIAGE

Molly Flidd

(9) PRESENT POSTOFFICE OF FATHER

P.O. Charleston S.C.

(15) PRESENT POSTOFFICE OF MOTHER

P.O. Charleston S.C.

(10) COLOR OR RACE

Col.

(11) AGE AT LAST BIRTHDAY

48
(Years)

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

36
(Years)

(12) BIRTHPLACE

James Isd. S.C.

(18) BIRTHPLACE

James Isd. S.C.

(13) OCCUPATION

Plant Farmer

(19) OCCUPATION

Farm. hand

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

9

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

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife P.O. Charleston S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

May 25, 1922

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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. Mark the N. B.—In case of TWINS OR TRIPLETS use a SEPARATE INK FOR EACH CHILD and mark the FIRST-BORN No. 1 THE OTHER No. 2 etc. in question 5