

(1) PLACE OF BIRTH

County of Aiken

Township of

or
Inc. Town ofor
City of Aiken

(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

No. for State Register, Vol.

26814Registration District No. 2.0 Registered No. 576
(For use of Local Registrar)(2) Full Name of Child Spencer Williams If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 21, 1923</u> (Month) (Day) (Year)
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FATHER.

(8) FULL NAME Leroy Williams

(9) PRESENT POSTOFFICE OF FATHER Pikeville(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 23 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Laborer(14) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Black

(15) PRESENT POSTOFFICE OF MOTHER Mountmore(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 15 (Year)(18) BIRTHPLACE S.C.(19) OCCUPATION house work(20) Number of children of this mother now living, including present birth one**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sietonia Blackner

(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 by marks)

(27) Filed 9/25 1923 (28) J. H. Ashburn Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make a report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.

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