

## (1) PLACE OF BIRTH

County of RichlandTownship of Columbia

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3804a

File No.—For State Registrar Only

2407

Registered No. 5

(For use of Local Registrar)

(No. .... St. .... Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Harold W. Williams If child is not yet named, make supplemental report as directed(1) BOY OR GIRL? Boy (4) Twin or Triplet? one (5) Number in order of birth one (6) Age Parents Married? yes (7) DATE OF BIRTH Jan. 23 (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Harold W. Williams(9) PRESENT POSTOFFICE OF FATHER Leitville(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Wetherbee(13) OCCUPATION Rail Road

## MOTHER

(14) NAME BEFORE MARRIAGE Beckie Michel(15) PRESENT POSTOFFICE OF MOTHER Beckie Michel(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Columbia(19) OCCUPATION housewife(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

22) I hereby certify that I attended the birth of this child, who was alive at U.S. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. A. Bell(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Box 3

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb 19 1923 (28) L. M. Taylor 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.