

(1) PLACE OF BIRTH

County of Anderson
 Township of Honea Path
 or
 Inc. Town of

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

File No. - For State Registrar Only

9888

Registration District No. 307 Registered No. 40
 (For use of Local Registrar)

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

(2) Full Name of Child Lue Bella Williams If child is not yet named, make supplemental report as directed

(3) ☒ GIRL (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 7 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lue Williams
 (9) PRESENT POSTOFFICE OF FATHER Belton
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 25
 (Year) (12) BIRTHPLACE S. C.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Leona Greenlee
 (15) PRESENT POSTOFFICE OF MOTHER Belton
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 20
 (Year) (18) BIRTHPLACE S. C.
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 A. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Marjorie L. Sims
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Belton S. C. R. 5

Given name added from supplemental report

Signature of Witness necessary only when question 23 is signed by mark
Feb 11 1922 (26) J. P. Acker
 (27) Registrar

When there was no physician or midwife present, the report is desired of midwife
 If a child breathes even once, the report is desired of midwife

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