

## (1) PLACE OF BIRTH

County of Mar. Ford  
Township of Brownsville

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

43730

Inc. Town of ..... Registration District No. 3303 Registered No. 53  
(For use of Local Registrar)City of ..... (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 Johannie Abraham Williams  
If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct. 5<sup>th</sup> 1922  
(Name of Month) (Day) (Year)

## FATHER.

## MOTHER

(8) FULL NAME Lee Williams(14) NAME BEFORE MARRIAGE Christine Ware(9) PRESENT POSTOFFICE OF FATHER Brownsville S.C.(15) PRESENT POSTOFFICE OF MOTHER Brownsville(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 34 (Years)(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Mar. Ford Co.(18) BIRTHPLACE Florence Co.(13) OCCUPATION Farming(19) OCCUPATION Farm laborer(20) Number of children born to mother, including present birth 1(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:35 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) G. L. Ware

(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 mark)

(27) Filed Oct. 16 1922 (28) R. R. Rogers 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.

Before the fifth month of pregnancy.