

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. — For State Registrar Only

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County of MarionSTATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

7766

Township of

Registration District No. 3713Registered No. 5
(For use of Local Registrar)Inc. Town of Mullen

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 Victoria Williams

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

(3) BOY OR GIRL

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH Feb. 5, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel James Williams

(9) PRESENT POSTOFFICE OF FATHER

Mullen SC

(10) COLOR OR RACE

Col.

(11) AGE AT LAST BIRTHDAY

44
(Year)

(12) BIRTHPLACE

Augusta, Ga.

(13) OCCUPATION

Sawmill

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

10

MOTHER.

(14) NAME BEFORE MARRIAGE

Lessie Stone

(15) PRESENT POSTOFFICE OF MOTHER

Mullen SC

(16) COLOR OR RACE

col

(17) AGE AT LAST BIRTHDAY

38
(Year)

(18) BIRTHPLACE

Hemingway SC

(19) OCCUPATION

Housewife

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

18

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

Mullen M. Boulton

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Mullen SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Feb. 16, 1923 (28) H. N. Schuller
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.