

(1) PLACE OF BIRTH

County of LivingstonTownship of Black Creekor  
Inc. Town of  
or

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

File No. - 44658

Registration District No. 310.0 Registered No. 24  
(For use of Local Registrar)  
(No. 24 Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>5</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 25, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Barnwell William</u>			(14) NAME BEFORE MARRIAGE <u>Daisy Hunter</u> 1923 Year	
(9) PRESENT POSTOFFICE OF FATHER <u>Steedman</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Steedman</u>	
(10) COLOR OR RACE <u>white</u> (11) AGE AT LAST BIRTHDAY <u>30</u> (Years)			(16) COLOR OR RACE <u>white</u> (17) AGE AT LAST BIRTHDAY <u>24 1/2</u> (Years)	
(12) BIRTHPLACE <u>Livingston</u>			(18) BIRTHPLACE <u>Livingston Co</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>5</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive (Hour A. M. or P. M. 2 A. M.)  
on the date above stated.

(23) (Signature) A. J. Hutto  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Livingston

When name added from a supplemental report

C. A. Miller  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)  
(27) Filed Oct 1, 1924 Local Registrar

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

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