

## (1) PLACE OF BIRTH

County of Greenville

Township of .....

or

Inc. Town of .....

or Greenville, S. C.

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 22A

File No.—For State Registrar Only

18789Registered No. 304

(For use of Local Registrar)

(No. 148 Parker St. St. 1 Ward 1)

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Elizabeth Williams

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

(3) BOY OR GIRL <u>Fe</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 3, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Walter Williams(9) PRESENT POSTOFFICE OF FATHER Greenville, S. C.(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Seneca, S. C.

(13) OCCUPATION

Mechanic(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Willie L. Clayton(15) PRESENT POSTOFFICE OF MOTHER Greenville, S. C.(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE S. C.

(19) OCCUPATION

Housewife(21) 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 6:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Carrie Hare

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife, 521 Oscar St.

Given name added from a supplemental report

(26) Witness

(27) Signature of Witness necessary only if Registration 23 is signed by mark

(28) Date

July 10, 1922

(29) Signature

C. E. Smith

Local Registrar