

(1) PLACE OF BIRTH

County of WilliamsburgTownship of 1or
Inc. Town of 1or
City of 1

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthNo. 31453Registration District No. 4600Registered No. 131
(For use of Local Registrar)(2) Full Name of Child. Gary George Williams

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

(3) BOY OR
GIRL Boy(4) Twin
or Triplet
To be answered only in event of Twin or Triplet(5) Number in
order of birth(6) Sex
Male
Female Male(7) DATE OF
BIRTH Jan 30 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Harry Williams(9) PRESENT
POSTOFFICE
OF FATHER Williamsburg(10) COLOR
OR
HAIR Negro(11) AGE AT LAST
BIRTHDAY 30
(Years)(12) BIRTHPLACE DC(13) OCCUPATION Public - work(14) Number of children born to
mother, including present birth 1

MOTHER.

(14) NAME BEFORE
MARRIAGE George(15) PRESENT
POSTOFFICE
OF MOTHER Williamsburg DC(16) COLOR
OR
HAIR Negro(17) AGE AT LAST
BIRTHDAY 28
(Years)(18) BIRTHPLACE DC(19) OCCUPATION Laundry(20) Number of children of this mother
now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born 1/30 P
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Harmon A. Fuller(23) State whether Physician or Midwife Midwife(24) Address of Physician or Midwife Williamsburg DCGiven name added from a supplement-
tal report(25) Witness J. H. Boyd MD
(Signature of Witness necessary only
when question 23 is signed by mother)(26) Filed Dec 1 1923 (27) J. H. Boyd MD
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.