

(1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

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

No. — For State Registrar  
**19631**

(1) PLACE OF BIRTH

County of Aiken

Township of .....

or  
Inc. Town of .....or  
City of Aiken

Registration District No. 2.A. Registered No. 48  
 (For use of Local Registrar)

(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 Arnold Catharine Williams (If child is named, make supplemental report as directed)

(3) SEX OF CHILD girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH July 24, 1923  
 (To be answered only in event of Twin or Triplet) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME Harold Williams (14) NAME BEFORE MARRIAGE Marion Mosley

(9) PRESENT POSTOFFICE OF FATHER Aiken S.C. (15) PRESENT POSTOFFICE OF MOTHER Aiken S.C.

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 24 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 21  
 (Year) (Year)

(12) BIRTHPLACE S.C. (18) BIRTHPLACE S.C.

(13) OCCUPATION Railroad work (19) OCCUPATION house work

(20) Number of children born to mother, including present birth 2 (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 born alive at 9 A. M. on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)

(23) (Signature) P. L. Newell M.D. (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 male) W. L. ...

(27) Filed 7 30 23 (28) W. L. ... 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.

Arnold Catharine Williams