CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
636

(1) PLACE OF BIRTH

County of Charleston
Township of S. C. P. & L. M. —
or
Inc. Town of .....
or
City of .....
(If birth occurs in a hospital or other institution give name of same instead of street and number.)

Registration District No. 209 Registered No. 8
(For use of Local Registrar)

(No. 10 Mule St.; .....Ward)

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

(3) BOY OR GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl			yes	Jan 9 1922

	FATHER.	MOTHER.
(8) FULL NAME	Arthur Williams	(14) NAME BEFORE MARRIAGE Ellen Williams
(9) PRESENT POSTOFFICE OF FATHER	North Charleston	(15) PRESENT POSTOFFICE OF MOTHER North Charleston
(10) COLOR OR RACE	Col	(16) COLOR OR RACE Col
(11) AGE AT LAST BIRTHDAY	27 (Years)	(17) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE	Beaufort Co. S. C.	(18) BIRTHPLACE Lambs S. C.
(13) OCCUPATION	Public Laborer	(19) OCCUPATION Housework
(20) Number of children born to mother, including present birth	1	(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Sarah Watson
(24) State whether Physician or Midwife: M. Midwife
(25) Address of Physician or Midwife: 10 Mule

Given name added from a supplemental report
..... 19 ....
Registrar

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

(27) Filed Jan 16 1922 (28) C. F. Myers
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.

MEDW OF COLUMBIA, COLUMBIA, S. C.

MAKE NO ENTRIES IN THIS SPACE FOR BINDING

PLEASE WRITE WITH PEN AND INK AND PRESS FIRMLY TO MAKE A PERMANENT RECORD

FIRST NAME OF CHILD MUST BE WRITTEN IN THIS SPACE

before the fifth month of pregnancy.