

(1) PLACE OF BIRTH

County of Anderson

Township of Bellman

City of

City of

CERTIFICATE OF BIRTH

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

Registration District No. 300

No. 12775

Registered No. 63
(For use of Local Registrar)

Ward

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

(2) Full Name of Child James Henry Williams

(3) Sex Male (4) Type or Trait To be answered only in case of Twin or Triple (5) Number in order of birth 1 (6) Age at birth yes (7) Date of birth May 10 1923

FATHER:
(8) Full name Naz Williams
(9) Present postoffice of father Bellman SC
(10) Color or race negro (11) Age at last birthday 22
(12) Birthplace Bellman SC
(13) Occupation Laborer Cotton Mill
(14) Number of children born to mother, including present birth 1

MOTHER:
(15) Full name Jennison Peyton
(16) Present postoffice of mother Bellman SC
(17) Color or race negro (18) Age at last birthday 17
(19) Birthplace Bellman SC
(20) Occupation Wife
(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 (Born alive or stillborn) (How A. M. or P. M.) 5 A. M. on the date above stated.

(23) (Signature) Sam Rogers (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bellman SC

Give name added from a supplemental report

Sam Rogers
6-24-44
A.R.
Registrar

(26) Witness J. A. P. (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed May 17 1923 (28) J. A. P. 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.

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