

(1) PLACE OF BIRTH

County of LeeTownship of DickInc. Town of CanaanCity of Canaan

(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 Health

File No.—For State Registrar Only

Registered No. 16

(For use of Local Registrar)

(2) Full Name of Child Grover Munro Williams

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Grover Munro Williams(9) PRESENT POSTOFFICE OF FATHER Canaan S.C.(10) COLOR OR RACE Col.(11) AGE AT LAST BIRTHDAY 21

(Years)

(12) BIRTHPLACE Canaan(13) OCCUPATION Booker(14) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Louise Hampton(15) PRESENT POSTOFFICE OF MOTHER Canaan(16) COLOR OR RACE Col.(17) AGE AT LAST BIRTHDAY 18

(Years)

(18) BIRTHPLACE Canaan(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 2:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M. M.)(22) (Signature) W. J. E. Evers(23) State whether Physician or Midwife (24) Address of Physician or Midwife Canaan

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 21 is signed by mark)

(26) Filed Feb. 22 1922 (27) Local Registrar

Registrar

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.