

No. 1

(1) PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town of Hardenville

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

38845

10

Registration District No. 605Registered No. 22
(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 Emeter Williams If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH Oct 19 to 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Siracine Williams(9) PRESENT POSTOFFICE OF FATHER Hardenville S.C.(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 32
(Year)(12) BIRTHPLACE Clinton S.C.(13) OCCUPATION Captain(14) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Tleman(15) PRESENT POSTOFFICE OF MOTHER Hardenville S.C.(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 25
(Year)(18) BIRTHPLACE Investon Ala(19) OCCUPATION Seamster(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 October 19, 1923 at S. P. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated. Abel R. Williams
Hardenville S.C.

(22) (Signature)

(23) State whether

Physician or Midwife

(24) Address of Physician or Midwife

HardenvilleHardenville S.C.

(When name added from a supplemental report)

(25) Witness

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

(26) Filed

16101023192319231923192319231923192319231923

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.