Form No. 1

(1) PLACE OF BIRTH

County of Marlboro

Township of .....

or

Inc. Town of .....

or

City of Bennettsville

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
157

Registration District No. 33 A Registered No. 18
(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 Johnnie 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 (To be answered only in event of Twins or Triplets) (6) Are Parents Married? No (7) DATE OF BIRTH Feb 2 1923 (Name of Month, Day, Year)

FATHER.

(8) FULL NAME John Lewis Williams

(9) PRESENT POSTOFFICE OF FATHER Bennettsville, S.C.

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 99 Years

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Marcel Starlin

(15) PRESENT POSTOFFICE OF MOTHER Bennettsville, S.C.

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 10 Years

(18) BIRTHPLACE S.C.

(19) OCCUPATION Farming

(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 alive at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Fannie Spears

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bennettsville S.C.

Given name added from a supplemental report

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

Feb 22 1923 (28) Mrs. H. H. Pate
Local Registrar.

*When there was no attendant [illegible] the father, householder, etc., should make this return. If a child breathes [illegible] as stillborn. No report is desired of stillbirths [illegible] month of pregnancy.