

(1) PLACE OF BIRTH

County of Lexington
 Township of Black Creek
 Inc. Town of.....
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

25327

Registration District No. 3100 Registered No. 39.....
 (For use of Local Registrar)

(No. 171166 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

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet <u>Twin</u> To be answered only in event of Twin or Triplet	(5) Number to order of birth <u>4</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 6 1923</u> (Type of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Harvey Williams</u>			(14) NAME BEFORE MARRIAGE <u>Essie Derrick</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Stedman S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Stedman S.C.</u>	
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>	
(11) AGE AT LAST BIRTHDAY <u>3.5</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>2.2</u> (Years)	
(12) BIRTHPLACE <u>Lexington Co.</u>			(18) BIRTHPLACE <u>Lexington Co.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Aug 10 1923 (28) S. C. Hart
 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.

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