

THIS IS A SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

**(1) PLACE OF BIRTH**

County of Pickens

Township of Liberty

Inc. Town of Liberty

City of Liberty

Registration District No. 3705

Registered No. 9

(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  
**4963**

**(2) Full Name of Child** Marcellus Williams

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet <u>No</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>2 15 23</u> (Name of Month) (Day) (Year)
<b>FATHER.</b>			<b>MOTHER.</b>	
(8) FULL NAME <u>Marcellus Williams</u>			(14) NAME BEFORE MARRIAGE <u>Ida Lewis</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Liberty S C</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Liberty S C</u>	
(10) COLOR OR RACE <u>Black</u>			(16) COLOR OR RACE <u>Black</u>	
(11) AGE AT LAST BIRTHDAY <u>71</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	
(12) BIRTHPLACE <u>Pickens Co S C</u>			(18) BIRTHPLACE <u>Liberty S C</u>	
(13) OCCUPATION <u>Cum Labor</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>1 1 1</u>			(21) Number of children of this mother now living, including present birth <u>1 1 1</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:00 P.M. on the date above stated.  
(Born alive or stillborn Hour M. or P.M.)

(23) (Signature) Wm. Lewis

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Liberty S C

Given name added from a supplemental report

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

(27) Filed Mar 15 1923 (28) Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

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.