

## (1) PLACE OF BIRTH

County of RichlandTownship of RichlandInc. Town of RichlandCity of Richland

(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

Registration District No. 7701

No. for State Registrar

32757

Registered No. 185

(For use of Local Registrar)

(2) Full Name of Child Paul Williams

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

(3) SEX OR CHILD Boy

(4) Type or Tumor

(5) Number in order of birth

(6) Age in months

(7) DATE OF BIRTH Oct 26, 1923

(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Paul Williams(9) PRESENT RESIDENCE OF FATHER Candlen SC(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 21(12) BIRTHPLACE Candlen SC(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 10th

## MOTHER

(15) NAME BEFORE MARRIAGE Daisy Jackson(16) PRESENT RESIDENCE OF MOTHER Candlen SC(17) COLOR OR RACE Colored(18) AGE AT LAST BIRTHDAY 19(19) BIRTHPLACE Candlen SC(20) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth 10th

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (How long after birth)(23) (Signature) Amelia Brown

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

Amelia Brown  
Richland SC  
Registrar(26) Witness Amelia Brown  
(Signature of witness necessary only when question is signed by mark)(27) Date Oct 26, 1923 (28) T. G. Mason  
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.