

## (1) PLACE OF BIRTH

County of Orangeburg

Township of *Providence*

OF  
Inc. Town of.....

or  
City of .....

City of ..... (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 Lee Williams Jr

(3) BOY OR GIRL *boy*

(4) Twin or Triplet?

(5) Number in order of birth

(8) Are Parents Married *Yes*

(7) DATE OF BIRTH... May 17 1922  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME *Lee Williams*

(9) PRESENT POSTOFFICE OF FATHER *Vance S.R.*

(10) COLOR OR RACE *colored* (11) AGE AT LAST BIRTHDAY *40*

(12) BIRTHPLACE *Berkley Co*

(13) OCCUPATION  
Farmer

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

# MOTHER

(14) NAME BEFORE MARRIAGE Carrie Cooper

(15) PRESENT POSTOFFICE OF MOTHER *Nance S.C.*

(16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY *21*

(18) BIRTHPLACE  
Orangeburg Co

(15) OCCUPATION *Housewife*

(21) Number of children of this mother now living, (excluding present birth)

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

(22) I hereby certify that I attended the birth of this child, who was Aline at 5 P. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ellor Williams

(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 May 21 1933 (28) D. F. Dangler  
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.