

Form No. 1

(1) PLACE OF BIRTH

County of OrangeTownship of Keoweeor
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Ruther Williams (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL	(4) Twin or Triplet?	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 3, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Ruther Williams(9) PRESENT POSTOFFICE OF FATHER Sealern S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Velma Stewart(15) PRESENT POSTOFFICE OF MOTHER Sealern S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(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 above at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Bessie Coleman

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Sealern S.C.

Given name added from a supplemental report

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

(27) Filed Dec 9, 1922 (28) Sam W Smith 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.

NATIONAL BUREAU OF VITAL RECORDS, WASHINGTON, D. C.
 WHITE FLAKES, WASHINGTON, D. C.
 N. B.—In case of TWINNING, give name of each child, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.
 BUREAU OF COLUMBIA, COLUMBIA, S. C.

CERTIFICATE OF BIRTH

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

 File No.—For State Registrar Only
39543

 Registration District No. 3562 Registered No. 88
 (For use of Local Registrar)

(No. St.; Ward)