

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.  
 GOVERNMENT OF SOUTH CAROLINA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Laurens  
 Township of Deals  
 or  
 Inc. Town of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**15605**

Registration District No. 2-901 Registered No. 5-4  
 (For use of Local Registrar)

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 Sharon Williams (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets  
 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 22, 1922  
 (Name of Month) (Day) (Year)

**FATHER**  
 (8) FULL NAME Louis Williams  
 (9) PRESENT POSTOFFICE OF FATHER Furutaic House  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 25  
 (Year) (12) BIRTHPLACE Laurens Co SC  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 1

**MOTHER**  
 (14) NAME BEFORE MARRIAGE Alice Williams  
 (15) PRESENT POSTOFFICE OF MOTHER Furutaic House  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 25  
 (Year) (18) BIRTHPLACE Laurens Co SC  
 (19) OCCUPATION House & farming  
 (21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive ..... at 8 A.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Judie Jackson  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Corry St

Given name added from a supplemental report  
 .....

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed June 1922 (28) St. C. Mahon 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.

Registrar Only  
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