

(1) PLACE OF BIRTH

County of Hampton
 Township of Reefers
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

30658

Registration District No. 240Registered No. 171
(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 William J. Williams (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 9 1922
 (Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME Vincent Williams (14) NAME BEFORE MARRIAGE Mary Williams
 (9) PRESENT POSTOFFICE OF FATHER Hampton R.D. (15) PRESENT POSTOFFICE OF MOTHER Hampton R.D.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 42 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18
 (Year) (Year)
 (12) BIRTHPLACE H Co, S.C. (18) BIRTHPLACE H Co S.C.
 (13) OCCUPATION laborer (19) OCCUPATION House work
 (20) Number of children born to mother, including present birth 2 (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 alive (Born alive or stillborn) (Hour & M. or P. M.)
 on the date above stated.

(23) (Signature) Katie New Rockville
 (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 mother)

(27) Filed Sept 19 1922 (28) 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.