

Form No. 1

(1) PLACE OF BIRTH

County of Sumter
 Township of Manchester
 OF
 Inc. Town of
 OF
 City of

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

File No. - For State Registrar Only

5327

Registration District No. 4-10-1 Registered No. 2
 (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 Ema Hazel Williams If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Girl (4) Twin or Triplet To be answered only in case of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 12, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Richard Williams(9) PRESENT POSTOFFICE OF FATHER Pinewood #. 1.(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 48
 (Year)(12) BIRTHPLACE Sumter County(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Judy Nelson(15) PRESENT POSTOFFICE OF MOTHER Pinewood #. 1.(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 38
 (Year)(18) BIRTHPLACE Sumter County(19) OCCUPATION Field Hand(20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 P. M.,
 on the date above stated. (Born alive or stillborn: (Hour A. M. or P. M.))

(23) (Signature) Elsie Robinson(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Mrs Pinewood, 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 March 8, 1923 (28) F. M. Coulter
 Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

REMARKS REMOVED FOR INDEXING.
 WRITE PLAINLY. WITH UNIFORM INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK AS FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.