

When a child is born, the father, mother, or guardian, or the first-born, No. 1. THE OTHER, No. 2, etc., in question 5.

McGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of York
Township of York
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
20587

Registration District No. 4418 Registered No. 74
(For use of Local Registrar)

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

(2) Full Name of Child Jane Ellen 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 6 (6) Are Parents Married? Yes (7) DATE OF BIRTH March 14, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. Harvey Williamson
(9) PRESENT POSTOFFICE OF FATHER Guthrie York Co S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)
(12) BIRTHPLACE York Co S.C.
(13) OCCUPATION Merchant
(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Estelle Davidson
(15) PRESENT POSTOFFICE OF MOTHER Guthrie S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)
(18) BIRTHPLACE York Co S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2:40 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. A. Bratton M.D. (24) State whether Physician or Midwife (25) Address of Physician or Midwife York 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 June 1, 1922 (28) John H. Brown 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.

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STATE OF SOUTH CAROLINA

COUNTY OF YORK

Personally appeared before me W. Harvey Williamson,
who being duly sworn says that he is the father of James Glenn
Williamson, and that he was born to him and Estelle Williamson
(formerly Estelle Davison) March 14, 1922 in York County.

Sworn to before me this the
12 day of November, 1941.

W Harvey Williamson

Orlie M Caldwell
Dep. C. C. P. York Co S C