

Form No. 1

(1) PLACE OF BIRTH

County of GeorgetownTownship of # 5

Inc. Town of

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 Samuel R. Williams If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Great Grandchild <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 16, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Arthur Williams(9) PRESENT POSTOFFICE OF FATHER Hemingway, S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22 (Year)(12) BIRTHPLACE Charleston County(13) OCCUPATION Public Work(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Viola Dickerson(15) PRESENT POSTOFFICE OF MOTHER Hemingway, S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20 (Year)(18) BIRTHPLACE Georgetown Co # 5(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 born alive at 11:00 AM, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) William(24) State whether Physician or Midwife H. Ether(25) Address of Physician or Midwife Hemingway, S.C.

(Given name added from a supplemental report)

(26) Witness M. A. Marshall (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug 24, 1923 (28) G. L. Davis 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.

THIS CERTIFICATE, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and enter the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.