

(1) PLACE OF BIRTH

County of Richland

Township of

In Town of

City of Columbia

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

8277

Registration District No. 38^aRegistered No. 261

(For use of Local Registrar)

2) Full Name of Child

Ophelia Williams

If child is not yet named, make supplemental report as directed

Sex girl(4) Twin or triplet? none(5) Number in order of birth 11

To be marked only in case of twins or triplets

(6) Are Parents Married? Y.(7) DATE OF BIRTH Feb. 15 1923
(Name of Month) (Day) (Year)

FATHER.

(1) NAME John Williams(2) PRESENT POSTOFFICE OF FATHER North S.C.(3) COLOR OR RACE W. or (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Richland S.C.(13) OCCUPATION Farmer(14) Number of children born to including present birth VII

MOTHER.

(14) NAME BEFORE MARRIAGE Alma S. Gray(15) PRESENT POSTOFFICE OF MOTHER North S.C.(16) COLOR OR RACE W. or (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Orangeburg, S.C.(19) OCCUPATION Teacher(21) Number of children of this mother now living, including present birth VI

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 4:30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Williams (24) State whether Physician or Midwife (25) Address of Physician or Midwife 1512 Main St

If name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 4/11/26 1923 (28) W. H. Williams 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.