

(1) PLACE OF BIRTH

County of AikenTownship of Windsor

In Town of.....

City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 26893Registration District No. 215Registered No. 416
(For use of Local Registrar)

(No.) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Wesley Williams (If child is not yet named, make supplemental report as soon as named)(3) SEX OR GENDER Boy (4) Type or Name Infant (5) Number in order of birth 1 (6) DATE OF BIRTH Sept 18 1913

FATHER		MOTHER	
(14) FULL NAME <u>George Williams</u>	(14) NAME BEFORE MARRIAGE <u>Ella Johnson</u>	(15) PRESENT RESIDENCE OF FATHER <u>Windsor St.</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Windsor St.</u>
(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>40</u>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>35</u>
(18) BIRTHPLACE <u>Montmorency St.</u>	(18) BIRTHPLACE <u>Aiken St.</u>	(19) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Farming</u>
(20) Number of children born to mother, including present birth <u>15</u>	(21) Number of children of this mother now living, including present birth <u>7</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was..... (23) (Signature) Hurmet Allen Windsor St. (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Windsor St.

Given name added from a supplemental report

19..... Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Sept 20 1913 (28) Local Health Officer

*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.