

(1) PLACE OF BIRTH

County of Op. Astorburg
 Township of W. Brook
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

19282

Registration District No. 4010Registered No. 33
(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 Mary Ann Williams If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet — (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 20 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Jesse Williams
 (9) PRESENT POSTOFFICE OF FATHER Pauline SC R 72
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 32
 (12) BIRTHPLACE SC
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth 18

MOTHER.
 (14) NAME BEFORE MARRIAGE Ludie Moore
 (15) PRESENT POSTOFFICE OF MOTHER Pauline SC R 72
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 33
 (18) BIRTHPLACE SC
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 18

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 5:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Physician J. Williams
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Rockwell SC

affid. 7/17/43
 Given and added from a supplemental report

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

(27) Filed July 16 1923 (28) J. W. H. H. H. H. 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.