

Form No. 1

(1) PLACE OF BIRTH

County of Anderson
 Township of Whitaker
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

Registration District No. 3612

File No.—For State Registrar Only

31690

Registered No. 66
(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 Catherine Williams

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

3. BOY OR GIRL Girl 4. Twin or Triplet? No 5. Number in order of birth 1 6. Are Parents Married? Yes 7. DATE OF BIRTH Sept 3 1922
 (Name of Month) (Day) (Year)

FATHER
 8. FULL NAME Fort Williams
 9. PRESENT POSTOFFICE OF FATHER Powdermill S.C.
 10. COLOR OR RACE Negro 11. AGE AT LAST BIRTHDAY 28
 (Year) 12. BIRTHPLACE Pa Co
 13. OCCUPATION Farmer

MOTHER
 14. NAME BEFORE MARRIAGE Nesir Stinson (Sister)
 15. PRESENT POSTOFFICE OF MOTHER Powdermill S.C.
 16. COLOR OR RACE Negro 17. AGE AT LAST BIRTHDAY 36
 (Year) 18. BIRTHPLACE Pa Co
 19. OCCUPATION Domestic
 20. Number of children born to mother, including present birth 7
 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 born alive at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Frank R. Samuel
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Powdermill S.C.

Given name added from a supplemental report

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

(27) Filed 9/9 1922 (28) J. J. Jones Local Registrar

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*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.