

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

File No. For State Registrar Only

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## CERTIFICATE OF BIRTH

File No.—For State Registrar Only

County of

Charleston

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

33569

Township of

James Island

Registration District No. 904

Registered No. 78

(For use of Local Registrar)

Inc. Town of

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

Erander Williams Jr.

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

(3) BOY OR GIRL

B-

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Sept 8, 1944

(Name (Month) (Day) (Year))

## FATHER.

## MOTHER.

(8) FULL NAME

Erander Williams

(14) NAME BEFORE MARRIAGE

Lydia Ford

(9) PRESENT POSTOFFICE OF FATHER

Rt. 1, Charleston S.C.

(15) PRESENT POSTOFFICE OF MOTHER

Rt. 1, Charleston S.C.

(10) COLOR OR RACE

Cauc

(11) AGE AT LAST BIRTHDAY

2-8

(16) COLOR OR RACE

Cauc

(17) AGE AT LAST BIRTHDAY

25

(12) BIRTHPLACE

Charleston Co.

(18) BIRTHPLACE

James Island

(13) OCCUPATION

Farm Helper

(19) OCCUPATION

Farm Hand

(20) Number of children born to mother, including present birth

1

3

(21) Number of children of this mother now living, including present birth

1

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... born alive... at... M., on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Auber Brown

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Rt. 1, Charleston S.C.

Given name added from a supplemental report

... Affidavit 5-3-44

... L.A. Riser, M.D., 19 ... Registrar

(26) Witness

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

(27) Filed

Oct 20, 1944

(28) 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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.