

(1) PLACE OF BIRTH

County of Kershaw

Township of

or
Loc. Town of St. Matthewsor
City of

(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

24964

Registration District No. S.A. Registered No. 29
(For use of Local Registrar)(2) Full Name of Child Maren Gessory Williams {If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 2, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Rogero Williams(9) PRESENT POSTOFFICE OF FATHER St. Matthews S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 36
(Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Barber(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Bella Whitson(15) PRESENT POSTOFFICE OF MOTHER St. Matthews(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28
(Years)(18) BIRTHPLACE South Carolina(19) OCCUPATION House Keeper(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lynette Whitson(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife St. Matthews

Given name added from a supplemental report

(26) Witness D.R. Cobb
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug 7, 1922 (28) D.R. Cobb
Local Registrar

If 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.