

Form No. 1

(1) PLACE OF BIRTH

County of Anderson
 Township of Williamson
 or
 Inc. Town of Paga. S.C.
 or
 City of (No. 148)

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

No. 148 for State Register only
31565

Registration District No. 32 Registered No. 148
 (For use of Local Registrar)

St. (No. 148) Ward (No. 148)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child Cash. Lybrans Williams If child is not yet named, make supplemental report as directed

3) BOY OR GIRL Boy 4) Twin or Triplet No 5) Number in order of birth 1 6) Sex Male 7) DATE OF BIRTH Nov 12 1923
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER. (14) NAME BEFORE MARRIAGE Lizzie Jones

8) FULL NAME Lee Williams (15) PRESENT RESIDENCE OF MOTHER Paga S.C.

9) PRESENT POSTOFFICE OF FATHER Paga S.C. (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Year)

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Year)

(12) BIRTHPLACE S.C. (13) BIRTHPLACE S.C.

15) OCCUPATION Mill work (16) OCCUPATION Domestic

20) Number of children born to mother, including present birth 6 (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 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated. (Signature) H. J. Moton (23) Address of Physician or Midwife Paga S.C.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Paga S.C.

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) M. L. Cranshaw

(27) Filed Dec 22 1923 (28) Local Registrar. M. L. Cranshaw

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.

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 STATE OF SOUTH CAROLINA
 BUREAU OF VITAL STATISTICS
 STATE BOARD OF HEALTH
 COLUMBIA, S. C.