

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

File No.—For State Registrar Only

30679

## (1) PLACE OF BIRTH

County of *Sumpter*Township of *Watauga*

or

Inc. Town of *Yemassee*

or

City of *Sumpter*Registration District No. *5403*Registered No. *6*  
(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

*Ruth Williamson*

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 *2*(6) Are Parents Married? *No*

(7) DATE OF BIRTH

*Sept 12 1924*  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME *Rosea Williamson*(9) PRESENT POSTOFFICE OF FATHER *Yemassee, SC*(10) COLOR OR RACE *Col*(11) AGE AT LAST BIRTHDAY *40*  
(Years)(12) BIRTHPLACE *SC*(13) OCCUPATION *Farmer*

## MOTHER

(14) NAME BEFORE MARRIAGE *Julia Jenkins*(15) PRESENT POSTOFFICE OF MOTHER *Yemassee SC*(16) COLOR OR RACE *Col*(17) AGE AT LAST BIRTHDAY *24*  
(Years)(18) BIRTHPLACE *SC*(19) OCCUPATION *Washerwoman*(20) Number of children born to mother, including present birth *2*(21) Number of children of this mother now living, including present birth *2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Ruth Williamson* at *7 P.M.*,  
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) *William L. Davis*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Yemassee, SC*

Given name added from a supplemental report

(26) Witness *W. M. Williamson*

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

(27) File *Sept 12 1924*(28) *J. B. McE*

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.