CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 8668

(1) PLACE OF BIRTH

County of Orangeburg

Township of .....
or
Inc. Town of Branchville Registration District No. 3601 Registered No. 15
(For use of Local Registrar)
or
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 Tony Williams (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? boy
(4) Twin or Triplet? To be answered only in event of Twins or Triplets
(5) Number in order of birth
(6) Are Parents Married?
(7) DATE OF BIRTH Feb. 20 1922 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Louie Williams	(14) NAME BEFORE MARRIAGE Dorotha Fuches
(9) PRESENT POSTOFFICE OF FATHER Branchville S.C.	(15) PRESENT POSTOFFICE OF MOTHER Branchville S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 42 (Years)	(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 39 (Years)
(12) BIRTHPLACE S.C.	(18) BIRTHPLACE S.C.
(13) OCCUPATION Farm	(19) OCCUPATION Housework
(20) Number of children born to mother, including present birth 6	(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 alive (Born alive or stillborn) at 10 (Hour A. M. or P. M.) M., on the date above stated.

(23) (Signature) Lottie Stephens
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Branchville S.C.

Given name added from a supplemental report
..... 19 ..... Registrar

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

(27) Filed Apr. 4 1922 (28) Preston Ott 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING.
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.

Seal of Columbia, Columbia, S. C.