

(1) PLACE OF BIRTH

County of

Township of

or Town of

City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

12375

Registration District No. 4306

Registered No. 23

(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

James Madison Williamson

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

3. BOY OR GIRL

Boy

4. Twin or Triplet?

✓

5. Number in order of birth

✓

6. Are Parents Married?

yes

7. DATE OF BIRTH

Mar 31, 1925
(Name of Month) (Day) (Year)

8. FULL NAME

John Ferguson Williamson

9. PRESENT POSTOFFICE OF FATHER

Cades SC

10. COLOR OR RACE

White

12. BIRTHPLACE

Williamston Co.

13. OCCUPATION

Farmer

20. Number of children born to mother, including present birth

5

14. NAME BEFORE MARRIAGE

Mary Adgett

15. PRESENT POSTOFFICE OF MOTHER

Cades SC

16. COLOR OR RACE

White

18. BIRTHPLACE

Edgefield County

19. OCCUPATION

Housewife

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 12:04 a.m. on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

10 C M E

Given name added from a supplemental report

(26) Witness

Signature of Witness necessary only when question 22 is signed by mark

(27) Filed 2 May 1925

(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.

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