

## (1) PLACE OF BIRTH

County of Warrick  
 Township of Greentown  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

10059

Registration District No. 872 Registered No. 21  
 (For use of Local Registrar)

(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 Harrison 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) Are Parents Married? Yes (7) DATE OF BIRTH March 17, 1922  
 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Wm. Williams</u>	(14) NAME BEFORE MARRIAGE <u>Erline Blackley</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Greentown, SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greentown, SC</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)
(12) BIRTHPLACE <u>SC</u>	(18) OCCUPATION <u>Wife of Field Hand</u>	(19) BIRTHPLACE <u>SC</u>	(20) OCCUPATION <u>Wife of Field Hand</u>
(21) Number of children born to mother, including present birth <u>1-3</u>	(22) Number of children of this mother now living, including present birth <u>1-2</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive at S.P.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greentown, SC

Given name added from a supplemental report

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

(27) Filed April 22, 1922 (28) Wm. Johnson 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.