

## (1) PLACE OF BIRTH

County of RichlandTownship of LowerInc. Town of MarionCity of Marion

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2703

File No.—For State Registrar Only

5603

Registered No. 331  
(For use of Local Registrar)(2) Full Name of Child Frank Williams

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

(3) BOY OR GIRL X

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Jan 7 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

James Williams

(9) PRESENT POSTOFFICE OF FATHER

Can Garee

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

Can Garee

(13) OCCUPATION

Farming

(20) Number of children born to mother, including present birth

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Jackson

(15) PRESENT POSTOFFICE OF MOTHER

Can Garee

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

Can Garee

(19) OCCUPATION

Farming

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

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 19 M., on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Davis

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

March 9 1922

(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.