

(1) PLACE OF BIRTH

County of Greenwood
 Township of Cokesbury
 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

18928

Registration District No. 2304 Registered No. 8.....
 (For use of Local Registrar)

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 Joe Williams 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 6) Are Parents Married? 7) DATE OF BIRTH June 10, 1922
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Lewis Williams
 9) PRESENT POSTOFFICE OF FATHER Cokesbury, S.C.
 10) COLOR OR RACE Colored 11) AGE AT LAST BIRTHDAY 23.....
 (Years)
 12) BIRTHPLACE Cokesbury, S.C.
 13) OCCUPATION Farmer

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

MOTHER.

14) NAME BEFORE MARRIAGE Corean Jackson
 15) PRESENT POSTOFFICE OF MOTHER Cokesbury, S.C.
 16) COLOR OR RACE Colored 17) AGE AT LAST BIRTHDAY 32.....
 (Years)
 18) BIRTHPLACE Cokesbury, S.C.
 19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2:30 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Isabella Anderson
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

MidwifeHodges, S.C.

Given name added from a supplemental report

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

(27) Filed June 29, 1922 (28) S. S. Brissie 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.
 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.