

(1) PLACE OF BIRTH

County of LeahurstTownship of Nahant

Sec. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of HealthRegistration District No. 11.04 Registered No. 35
(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 Johan Willie Williams (If child is not yet named, make supplemental report as directed)(3) SEX OR
CHILD Boy (4) Type
or Twin (5) Number in
order of birth 6 (6) Are
Twin
Marked Yes (7) DATE OF
BIRTH June 11, 1923
(Month of Birth) (Day) (Year)

FATHER.

(8) FULL NAME Sam. Williams

(9) PRESENT RESIDENCE OF FATHER Chester S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 20
(Years)

(12) BIRTHPLACE Chester Co

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth 6

MOTHER.

(15) NAME BEFORE MARRIAGE Hattie Crosby

(16) PRESENT RESIDENCE OF MOTHER Leeds S.C.

(17) COLOR OR RACE Black (18) AGE AT LAST BIRTHDAY 27
(Years)

(19) BIRTHPLACE Chester Co

(20) OCCUPATION House Wife

(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 alive (Born alive or stillborn), (Hour A. M. or P. M.)(23) (Signature) Adeline Fair (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Leeds S.C.

Given name added from a supplemental report

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

(27) Filed June 20, 1923 (28) M. T. McDaniel Local Registrar

*When there was no attending physician or midwife, (When 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.)