

## (1) PLACE OF BIRTH

County of Allendale

Township of .....

or  
Inc. Town of .....or  
City of .....

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

(2) Full Name of Child Charles Glauver Williams (If name 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 70 (6) Are Parents Married No (7) DATE OF BIRTH July 29, 1923  
(Name of Month) (Day) (Year)

FATHER			MOTHER		
(8) FULL NAME <u>Charles Glauver</u>	(14) NAME BEFORE MARRIAGE <u>Emily N. Williams</u>		(14) NAME BEFORE MARRIAGE <u>Emily N. Williams</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Allendale S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Allendale S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Allendale S.C.</u>		
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)		(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farm Laborer</u>			(19) OCCUPATION <u>Farm Laborer</u>		
(20) Number of children born to mother, including present birth <u>10</u>			(21) Number of children of this mother now living, including present birth <u>10</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 8:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) F. H. Boyd(24) State South Carolina Physician or Midwife(25) Address of Physician or Midwife Allendale 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 July 30, 1923 (28) F. H. Boyd M.D. 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.