

## (1) PLACE OF BIRTH

County of Marion

Township of .....

or Inc. Town of Mullins

OF .....

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 Phosphorus D. Williams

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH Sept. 22

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Phosphorus D. Williams

(9) PRESENT POSTOFFICE OF FATHER

Mullins, S.C.

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

32  
(Years)

(12) BIRTHPLACE

Orangeburg Co

(13) OCCUPATION

Furniture Dealer

## MOTHER.

(14) NAME BEFORE MARRIAGE

James Ola Daniel

(15) PRESENT POSTOFFICE OF MOTHER

Mullins, S.C.

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

33  
(Years)

(18) BIRTHPLACE

Marion Co

(19) OCCUPATION

Domestic

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

1

(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 Born alive at 2:40 A.M. on the date above stated.  
(Born live or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Frank L. Mullins

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Mullins, 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

Oct 15 1922

(28)

Am Scheller

Local Registrar

19  
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.

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