

(1) PLACE OF BIRTH

County of FlorenceTownship of Ebenzeror
Inc. Town ofor
City of

(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 HealthNo. 11.—For this register only
28287Registration District No. 2003 Registered No. 29
(For use of Local Registrar)(2) Full Name of Child Lourence Williams (If child is not yet named, make supplemental report as directed)(1) SEX OR CHILD Boy (2) Type or Tissue To be inserted only in case of Tissue or Tissue (3) Number in order of birth Yes (4) DATE OF BIRTH Sept 7, 1923
(Place of Month) (Day) (Year)

FATHER.		MOTHER.	
(14) FULL NAME <u>Alcie Williams</u>	(14) NAME BEFORE MARRIAGE <u>Corine Richardson</u>	(15) PRESENT RESIDENCE OF FATHER <u>Florence S.C.</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Florence S.C.</u>
(16) COLOR OR RACE <u>Colored</u>	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>17</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>Don't know</u> (Years)
(12) BIRTHPLACE <u>Ebenzer S.C.</u>	(12) BIRTHPLACE <u>Ebenzer S.C.</u>	(13) OCCUPATION <u>House work.</u>	(13) OCCUPATION <u>House wife</u>
(20) Number of children born to mother, including present birth <u>1 One</u>	(21) Number of children of this mother now living, including present birth <u>1 One</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hester Brown (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Timmons well St

Given name added from a supplemental report

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

(27) Filed Mrs. James McEwen Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should sign the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of children born before the fifth month of pregnancy.