

(1) PLACE OF BIRTH

County of Marion
Township of Blount
or
Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. - For State Registrar Only

41713

Registration District No. 3705

Registered No. 106
(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 Walter Edward Williams (If child is not yet named, make supplemental report as directed)

(3) SEX OR CHILD Boy (4) Twin or Triplet To be answered only in case of Twins or Triplets (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH Oct 17 1923
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME McRay Williams

MOTHER.
(14) NAME BEFORE MARRIAGE Lizzie Shealy

(9) PRESENT POSTOFFICE OF FATHER W. Williams St.

(18) PRESENT POSTOFFICE OF MOTHER W. Williams St.

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 20 (Year)

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 22 (Year)

(12) BIRTHPLACE Marion County

(15) BIRTHPLACE Marion County

(13) OCCUPATION Farmer

(19) OCCUPATION Housework

(20) Number of children born to mother, including present birth 3

(21) Number of children of the mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Benjamin at 9:30 P. M., on the date above stated. (Born alive or stillborn) (Hour - First P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife (25) Address of Physician or Midwife Legation W. Williams St.

(If a name added from a supplemental report)

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

(27) Filed 12/28 1923 (28) [Signature] 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.

(27) Filed 12-28-23 (28) [Signature] 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.

MASSACHUSETTS BUREAU OF VITAL RECORDS
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