

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Craneville
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. for State Registrar
22069

Registration District No. 9601 Registered No. 42
 (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 Howard Williams (If child is not yet named, make supplemental report as directed)

(1) SEX OF CHILD Boy (2) Twin or Triplet No (3) Number in order of birth 1st (4) DATE OF BIRTH July 25, 1929
 To be answered only in case of Twin or Triplet

FATHER: (5) FULL NAME Barberry Williams (6) NAME BEFORE MARRIAGE Ellen Dawson

(7) PRESENT POST OFFICE OF FATHER Branchville SC (8) PRESENT POST OFFICE OF MOTHER Branchville SC

(9) COLOR OR RACE Negro (10) AGE AT LAST BIRTHDAY 28 (11) COLOR OR RACE Negro (12) AGE AT LAST BIRTHDAY 19

(13) BIRTHPLACE SC (14) BIRTHPLACE SC

(15) OCCUPATION Farm (16) OCCUPATION Housewife

(17) Number of children born to mother, including present birth 4 (18) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(19) I hereby certify that I attended the birth of this child, who was born alive at 5 a.m. on the date above stated. (Day, date of birth) (Hour A. M. or P. M.)

(20) (Signature) Ellen Williams (21) State whether Physician or Midwife Midwife (22) Address of Physician or Midwife Branchville SC

Given name added from a supplemental report

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

(24) Filed Aug 4, 1929 (25) Boston P.H. 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.