

(1) PLACE OF BIRTH

County of Cherokee
 Township of Baldwin
 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

2914

Registration District No. 9602Registered No. 12
(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 Galt Lazar Williams

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Feb. 7 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Galt Williams(9) PRESENT POSTOFFICE OF FATHER Martin, S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE South Car(13) OCCUPATION Iron mill work(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Addie Lazar(15) PRESENT POSTOFFICE OF MOTHER Martin, S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 37 (Years)(18) BIRTHPLACE South Car(19) OCCUPATION Post Mistress(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. S. Palmer

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Cherokee

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb. 1 1922(28) Edmond 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.