

(1) PLACE OF BIRTH

County of Fairfield Co.
 Township of #2

or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

42719

Registration District No. 1951 Registered No. 83
 (For use of Local Registrar)

(No. SL; Word)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Kosa Williams If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 8 1951
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Gilbert Williams

(9) PRESENT POSTOFFICE OF FATHER Woodward S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Fairfield Co. S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Louise Moore

(15) PRESENT POSTOFFICE OF MOTHER Woodward S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Fairfield Co. S.C.

(19) OCCUPATION Farm hand

(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 Alma, at 8:10 P.M.
 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) Frances Williams

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Woodward 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 Dec 22 1951 (28) W. A. Blaine
 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.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia