

(1) PLACE OF BIRTH

County of Darlington **CERTIFICATE OF BIRTH**
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Mechanic State Board of Health

File No. — For State Registrar Only

42019

Inc. Town of ✓ Registration District No. 1297 Registered No. 4
 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 Doris May Williamson If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? Girl
 (4) Twin or Triplet? ✓ (5) Number in order of birth 1
 (To be answered only in case of Twins or Triplets)

(6) Are Parents Married? yes (7) DATE OF BIRTH July 22 1922
 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME J. C. Williamson

(14) NAME BEFORE MARRIAGE May Winters

(9) PRESENT POSTOFFICE OF FATHER Darlington SC R78

(15) PRESENT POSTOFFICE OF MOTHER Darlington SC R78

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40
 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37
 (Years)

(12) BIRTHPLACE SC.

(18) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth: 7

(21) Number of children of this mother now living, including present birth: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Doris at 4 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. E. Earley
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness: (Signature of Witness necessary only when question 23 is signed by Local Registrar)
E. C. Earley
 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.

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