

Form No. 1

## (1) PLACE OF BIRTH

County of DurhamTownship of Leicester

or

Inc. Town of .....

or

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42905

Registration District No. 7-101Registered No. 108

(For use of Local Registrar)

(No. .... St.; .... Ward)

## (2) Full Name of Child

James Williams

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

(3) BOY OR

GIRL(4) Twin or Triplet? X(5) Number in order of birth 1(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Dec 2nd 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

James Williams

(9) PRESENT POSTOFFICE OF FATHER

Princeton SC 21

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

21  
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Laborer

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

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Cora Scott

(15) PRESENT POSTOFFICE OF MOTHER

Princeton SC 21

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

19  
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Laborer

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

(23) (Signature)

(24) State whether Physician or Midwife

James Williams  
Princeton SC 21

(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 mark)

(27) Filed

12/5/22

(28)

W. P. Ellis  
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.