

Form No. 1

(1) PLACE OF BIRTH

County of HamptonTownship of CastleOR
Inc. Town ofOR
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

Registration District No. 2401

File No.—For State Registrar Only

42900

Registered No. 112
(For use of Local Registrar)

(2) Full Name of Child

Floyd Williams

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

(3) BOY OR
GIRL Boy(4) Twin
or Triplet? Yes

To be answered only in event of Twins or Triplets

(5) Number in
order of birth 5(6) Are
Parents
Married? Yes

(7) DATE OF

BIRTH Dec 19 22
(Month of birth) (Day) (Year)

FATHER.

(8) FULL
NAMERichard Williams(9) PRESENT
POSTOFFICE
OF FATHERPrinceton SC(10) COLOR
OR
RACECol (11) AGE AT LAST
BIRTHDAY 32
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Labour(20) Number of children born to
mother, including present birth5

MOTHER.

(14) NAME BEFORE
MARRIAGEHanna Mungin(15) PRESENT
POSTOFFICE
OF MOTHERPrinceton SC(16) COLOR
OR
RACECol (17) AGE AT LAST
BIRTHDAY 26
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Wife Labour(21) Number of children of this mother
now living, including present birth3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was
on the date above stated.born alive at 4:30 P.M.
(Hour A. M. or P. M.)

(23) (Signature)

Richard Williams

(24) State whether Physician or Midwife

PhysicianGiven name added from a supplement-
tal report

(26) Witness

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

(27) Filed

12/31/22

(28)

W. P. Peeler
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.