

(1) PLACE OF BIRTH

County of *Horry*Township of *Galena*

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4240

Registration District No. *250C*Registered No. *18*
(For use of Local Registrar)

(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 *Francis Marie Williams*

If not yet named, make supplemental report as directed

(3) SEX OF CHILD *Female*

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married *Yes*

(7) DATE OF BIRTH

July 27, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *James M. Williams*(9) PRESENT POSTOFFICE OF FATHER *Hambleton*(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *22*
(Years)(12) BIRTHPLACE *Horry Co. S.C.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *One*

MOTHER.

(14) NAME BEFORE MARRIAGE *Ema Marlow*(15) PRESENT POSTOFFICE OF MOTHER *Hambleton*(16) COLOR OR RACE *White*(17) AGE AT LAST BIRTHDAY *33*
(Years)(18) BIRTHPLACE *Horry Co. S.C.*(19) OCCUPATION *Housewife*(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 *born* St. *12* M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Daniel S. Marlow*

(24) State whether Physician or Midwife

(25) Signature of Physic. or Midwife *Forner*

Given name added from a companion and report

(26) Witness *Robert B. Bussan*

(Signature of witness necessary only when question 23 is signed by mark)

July 27, 1923(27) Local Registrar *Ed Bussan*

When this certificate is filed, the Registrar, or his deputy, shall make this return. If a report is desired of stillbirths.