

(1) PLACE OF BIRTH

County of Chambers
 Township of Midway
 or
 Inc. Town of.....
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 DEPARTMENT OF VITAL STATISTICS
 State Board of Health

Registration District No. 1305

No. for this Register City
758

Registered No.
 (For use of Local Registrar)

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

SEX Male AGE 2 MONTHS 23 DAYS 23
 FATHER'S NAME Sumner Williams MOTHER'S NAME Manda Woods

DATE OF BIRTH Jan 2, 1923
 PLACE OF BIRTH Chambers Co

PREVIOUS CONDITION OF MOTHER new
 COLOR negro AGE AT LAST BIRTH 24

OCCUPATION Farming

Number of children born to mother, including present one 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.
 (29) (Signature) Vernon Graham
 (30) State whether Physician or Midwife Physician
 (31) Address of Physician or Midwife Midway

Given name added from a supplemental report

(32) Witness (Signature of Witness necessary only when question 28 is signed by mother)
 (33) Date Jan 15, 1923 (34) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report if a child breathes even once, it must not be reported as stillborn. No report is desired or submitted before the fifth month of pregnancy.