

Form No. 1

(1) PLACE OF BIRTH

County of AndersonTownship of Shiloh

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

5876

Registration District No. 310Registered No. 29
(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 Annie Belle Williams If child is not yet named, make supplemental report as directed(1) SEX OF CHILD girl (2) Twin or Triplet? No (3) Number in order of birth 1 (4) Are Parents Married? yes (5) DATE OF BIRTH March 27, 1923
(Name of Month) (Day) (Year)

FATHER.

(6) FULL NAME Anderson Williams(7) PRESENT POSTOFFICE OF FATHER Shiloh, S.C.(8) COLOR OR RACE Negro (9) AGE AT LAST BIRTHDAY 22
(Year)(10) BIRTHPLACE Anderson, Co(11) OCCUPATION Farming(12) Number of children born to mother, including present birth 1st

MOTHER.

(13) NAME BEFORE MARRIAGE Bernice Hagood(14) PRESENT POSTOFFICE OF MOTHER Shiloh, S.C.(15) COLOR OR RACE Negro (16) AGE AT LAST BIRTHDAY 20
(Year)(17) BIRTHPLACE Anderson, Co(18) OCCUPATION Housewife(19) Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(20) I hereby certify that I attended the birth of this child, who was alive at 4:30 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) Malie Goodine(22) State whether Physician or Midwife Midwife (23) Address of Physician or Midwife Shiloh

Given name added from a supplemental report

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

(25) Filed 4/2/23 (26) N. M. Leavright 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 of stillbirths before the fifth month of pregnancy.

Willie Smith

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 5.

Bureau of Columbia, Columbia, S. C.