

## (1) PLACE OF BIRTH

County of York  
 Township of Cherokee  
 or  
 Inc. Town of.....  
 or  
 City of.....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**32259**

Registration District No. A-22 Registered No. 57.....  
 (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 Lee Roy Williams If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 14, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Lee Roy Williams</u>	(14) NAME BEFORE MARRIAGE <u>Marie Williams</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Immam SC RI</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Immam SC RI</u>
(10) COLOR OR RACE <u>Colored</u> (11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	(16) COLOR OR RACE <u>Colored</u> (17) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(12) BIRTHPLACE <u>SC</u>	(18) BIRTHPLACE <u>SC</u>
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Domestic</u>	(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was, born alive, at 8:00 A.M., on the date above stated. (Born alive or stillborn; (Hour, M. or P. M.))

(23) (Signature) W. F. Egell M.D.

(24) State whether Physician or Midwife (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 Oct 19 22 (28) W. W. Painter 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.