

## (1) PLACE OF BIRTH

County of AlleghenyTownship of Baldwin

In Town of .....

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. 114Registered No. 2711  
(For use of Local Registrar)

## (2) Full Name of Child

Pessie Williams

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

(3) SEX OF CHILD <u>girl</u>	(4) Twin or Triplet <u>No</u> Is in approved city to credit of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Is child named? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 13, 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Wilma Williams(9) PRESENT RESIDENCE OF FATHER Martins S C(10) COLOR negro (11) AGE AT LAST BIRTHDAY 30 (Year)(12) BIRTHPLACE South Car(13) OCCUPATION Law-Will Work(14) Number of children born to mother, including present birth Seven

## MOTHER.

(14) NAME BEFORE MARRIAGE Lulie Scott(15) PRESENT RESIDENCE OF MOTHER Martins S C(16) COLOR negro (17) AGE AT LAST BIRTHDAY 34 (Year)(18) BIRTHPLACE South Car(19) OCCUPATION House Wife(20) Number of children of this mother now living, including present birth Seven

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at A. G. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Partneye Bricker (23) Address of Physician or Midwife Martins S C

Given name added from a birth record

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