

PLACE OF BIRTH
County of Green
Township of Hamble

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

File No.—For State Registrar Only
18874

No. of Town of Registration District No. 102910 Registrar No. 276
(For use of Local Registrar)
City of Hamble (No. 113 St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Full Name of Child Willie Lee Williams If child is not yet named, make supplemental report as directed

(1) SEX OF CHILD <u>Male</u>	(2) TWIN or Triplet? <u>no</u> <small>To be answered only in case of twins or triplets</small>	(3) Number in order of birth <u>—</u>	(4) Are Parents Married? <u>yes</u>	(5) DATE OF BIRTH <u>June 27</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.				MOTHER.
(14) NAME BEFORE MARRIAGE <u>William Parker Williams</u>				(15) NAME BEFORE MARRIAGE <u>Emily Jane Williams</u>
(16) PRESENT RESIDENCE <u>Hamble</u>				(17) PRESENT RESIDENCE OF MOTHER <u>Hamble</u>
(18) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>				(19) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>
(20) BIRTHPLACE <u>Hamble</u>				(21) BIRTHPLACE <u>Hamble</u>
(22) OCCUPATION <u>Farmer</u>				(23) OCCUPATION <u>Farmer</u>
(24) Number of children born to mother, including present birth <u>2</u>				(25) Number of children of this mother now living, including present birth <u>2</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was female at 6.00 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(26) (Signature) Wm. J. Hall
(27) State whether Physician or Midwife (28) Address of Physician or Midwife
Hamble

Given name added from a supplemental report

(29) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(30) Local Registrar
Wm. J. Hall

When there was no attending physician or midwife, the father, head of household, 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 sixth month of pregnancy.
When there was no attending physician or midwife, the father, head of household, 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 sixth month of pregnancy.