

(1) PLACE OF BIRTH

County of MarbleTownship of Lawrenceville

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

1570

Registration District No. 3307Registered No. 11
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Marion Williams

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

3) BOY OR GIRL Boy

4) Twin or Triplet

5) Number in order of birth

6) Are Parents Married Yes

7) DATE OF BIRTH

(Name of Month) (Day) (Year) Feb 1 1923

FATHER.

8) FULL NAME Marion Williams9) PRESENT POSTOFFICE OF FATHER Lawrenceville10) COLOR OR RACE White11) AGE AT LAST BIRTHDAY 2812) BIRTHPLACE Georgia13) OCCUPATION Farmer20) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Marion Williams15) PRESENT POSTOFFICE OF MOTHER Lawrenceville16) COLOR OR RACE White17) AGE AT LAST BIRTHDAY 2018) BIRTHPLACE Georgia19) OCCUPATION Housewife21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alison at 9:00 M., on the date above stated. (Born alive or stillborn Hour A. M. or P. M.)(23) (Signature) E. B. Williams

(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 3/10

1923

(28)

A. L. Hunter

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.

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