

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. Town of

City of Charleston, S.C.

(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

No. 10-For State Registrar

3215

Registration District No. 9 A Registered No. 302

(For use of Local Registrar)

(2) Full Name of Child Robert Williams

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

(3) BOY OR GIRL g (4) Twin or Triplet X (5) Number in order of birth X (6) Age of mother 24 (7) DATE OF BIRTH Feb 8 1923
(If born in hospital, give name of hospital)

FATHER

(8) FULL NAME Engine Williams(9) PRESENT RESIDENCE OF FATHER 15 Burns Lane(10) COLOR OR RACE C (11) AGE AT LAST BIRTHDAY 24 (Year)(12) BIRTHPLACE L. C.(13) OCCUPATION seaman(14) Number of children born to mother, including present one 1

MOTHER

(14) NAME BEFORE MARRIAGE Maria Smith(15) PRESENT RESIDENCE OF MOTHER 15 Burns Lane(16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 24 (Year)(18) BIRTHPLACE L. C.(19) OCCUPATION domestic(20) Number of children of this mother now living, including present one 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Born A. M. or P. M.)(22) (Signature) Julia Thomas(23) State whether Physician or Midwife midwife(24) Address of Physician or Midwife 25 Calhoun

Given name added from a supplemental report

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

(26) Filed 3 (27) 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.