

(1) PLACE OF BIRTH

County of OrangeburgTownship of OrangeburgInc. Town of OrangeburgCity of Orangeburg

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthREG-10-10-10
33341Registration District No. 26-0Registered No. 12
(For use of Local Health Officer)(No. 96 Orangeburg St. Ward)(2) Full Name of Child Frederic Douglas Williams
(If child is not yet named, make supplemental report as directed)(3) SEX Male (4) Type or Type- Normal (5) Number in order of birth - 31 (6) Age 26 (7) Date of birth 12-23-23
(To be reported only in case of Twin or Triplet) (Child of 1 1 1)

FATHER.		MOTHER.	
(8) FULL NAME <u>R. L. Williams</u>	(14) NAME BEFORE MARRIAGE <u>Sabir Williams</u>	(9) PRESENT RESIDENCE OF FATHER <u>Orangeburg, S.C.</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Orangeburg, S.C.</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>31</u>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>27</u>
(12) BIRTHPLACE <u>Calhoun Co.</u>	(18) BIRTHPLACE <u>Brownsville, Ga.</u>	(19) OCCUPATION <u>Farmer</u>	(20) OCCUPATION <u>Domestic</u>
(21) Number of children born to mother, including present birth <u>6</u>	(22) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Hour 11 A. M. or P. M.)(24) (Signature) Thompson(25) Since when Physician or Midwife Orangeburg, S.C.

(26) Address of Physician or Midwife

Given name added from a supplemental report

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

(28) Filed 1-1 is 23 (29) W. H. Baker 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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