

Form No. 1

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Providence
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4891

Registration District No. 3614Registered No. 14
(For use of Local Registrar)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lee Williams If child is not yet named, make supplemental report as directed

(1) SEX OR Boy (2) Twin or Triplet (3) Number in order of birth (4) Are Parents Married? Yes (5) DATE OF BIRTH Feb 14, 1923
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(6) FULL NAME Reedy Williams
 (7) PRESENT POSTOFFICE OF FATHER Vance S.C.
 (8) COLOR OR RACE Colored (9) AGE AT LAST BIRTHDAY 21 (Year)
 (10) BIRTHPLACE Orangeburg Co
 (11) OCCUPATION Farmer
 (12) Number of children born to mother, including present birth 1

MOTHER.

(13) NAME BEFORE MARRIAGE Kellie Davis
 (14) PRESENT POSTOFFICE OF MOTHER Vance S.C.
 (15) COLOR OR RACE Colored (16) AGE AT LAST BIRTHDAY 16 (Year)
 (17) BIRTHPLACE Orangeburg Co
 (18) OCCUPATION House Wife
 (19) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature) Ellen Williams

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

mid wifeVance S.C.

Given name added from a supplemental report

(24) Witness

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

(25) Filed Feb 16 1923(26) D. J. Dangler Local Registrar

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Registrar

When there was no attending physician or midwife, then the father, householder, or 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 5th month of pregnancy.

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 1.

Medium of Columns, Columns, 8, C.