

1.

(1) PLACE OF BIRTH

County of Licker

Township of .....

OF

Inc. Town of Hamond

OF

City of .....

(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

File No. - For State Registrar Only

12600

Registration District No. 205

Registered No. ....

(For use of Local Registrar)

(No. .... St. .... Ward)

(2) Full Name of Child Margaret Williams

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH May 7 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert W. Williams

(9) PRESENT POSTOFFICE OF FATHER Hamond, S.C.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 24

(12) BIRTHPLACE Edgfield, S.C.

(13) OCCUPATION Mill Work

MOTHER.

(14) NAME BEFORE MARRIAGE Lester Cunningham

(15) PRESENT POSTOFFICE OF MOTHER Hamond, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24

(18) BIRTHPLACE Edgfield, S.C.

(19) OCCUPATION House Work

(20) Number of children born to mother, including present birth 3

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Mamie King

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Hamond, S.C.

(Given name added from a supplemental report)

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

(27) Filed May 12 1923 (28) Local Registrar J. J. ...

\*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