

## (1) PLACE OF BIRTH

County of Richland...

Township of .....

Inc. Town of .....

City of Columbia...

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

Registration District No. 38thRegistered No. 110

(For use of Local Registrar)

(2) Full Name of Child Hugh M. Gillissey Williams

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 24</u> , 19 <u>23</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Harriet Williams

(9) PRESENT POSTOFFICE OF FATHER

Columbia SC

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 29  
(Year)

(12) BIRTHPLACE

Lexington Co

(13) OCCUPATION

Surgeon, Telephone Co

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

One (1)

MOTHER.

(14) NAME BEFORE MARRIAGE

Harriet Stroman

(15) PRESENT POSTOFFICE OF MOTHER

Columbia, SC

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 29  
(Year)

(18) BIRTHPLACE

Orangeburg

(19) OCCUPATION

Housewife

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

One (1)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 8 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Harriet Stroman

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

(25) Give name added from a supplemental report

(26) Witness

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

(27) Filed Feb. 27, 1923(28) G. J. Shuman 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.