

Form No. 3

(1) PLACE OF BIRTH

County of LaurensTownship of LaurensInc. Town of Laurens

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 299

File No.—For State Registrar Only

30930

Registered No. 111
(For use of Local Registrar)

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

(2) Full Name of Child Isaac Williams

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

| | | | | |
|----------------------------|---|------------------------------|-------------------------------------|---|
| (1) BOY OR GIRL <u>Boy</u> | (4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u> | (5) Number in order of birth | (6) Are Parents Married? <u>yes</u> | (7) DATE OF BIRTH <u>Sept 13 22</u> (Name of Month) (Day) (Year) |
|----------------------------|---|------------------------------|-------------------------------------|---|

FATHER.

(8) FULL NAME John Williams(9) PRESENT POSTOFFICE OF FATHER Laurens SC(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 20 (Years)(12) BIRTHPLACE Laurens SC(13) OCCUPATION Laborer - at Dairy(20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Johnson(15) PRESENT POSTOFFICE OF MOTHER Laurens SC(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 7 (Years)(18) BIRTHPLACE Laurens SC(19) OCCUPATION Cooking(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 A.M. on the date above stated. (For alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Lena Chappell(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Laurens SC

Given name added from a supplemental report

(26) Witness C. Kennedy
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct 7 22 (28) C. Kennedy
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.

When there are TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 5.