

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

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

## (2) Full Name of Child

3. BOY OR GIRL

Boy

4. Twin or Triplet

To be answered only in event of Twin or Triplet

5. Number in order of birth

6. Are Parents Married

Yes

7. DATE OF

BIRTH

(Name of Month) (Day) (Year)

Mar 27 1923

## FATHER.

8. FULL NAME

Bennil Williams

9. PRESENT POSTOFFICE OF FATHER

Dundleton, SC

10. COLOR OR RACE

Negro

11. AGE AT LAST BIRTHDAY

36

12. BIRTHPLACE

Anderson, Co.

13. OCCUPATION

Farmer

20. Number of children born to mother, including present birth

Three

## MOTHER.

14. NAME BEFORE MARRIAGE

Lease Williams

15. PRESENT POSTOFFICE OF MOTHER

Dundleton, SC

16. COLOR OR RACE

Negro

17. AGE AT LAST BIRTHDAY

35

18. BIRTHPLACE

Anderson, Co.

19. OCCUPATION

Housewife

21. Number of children of this mother now living, including present birth

Four

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was, (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Mathe Williams

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Dundleton, SC

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed

June 11 1923

(28) H. H. Scawron

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.

11/10/23 (Lund) #4

FIRST-BORN. No. 1. THE OTHER. No. 2, etc., in question 4.

System of Columns. Columns 6 C