

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 5.

McGAW OF COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Marion  
Township of Howell  
or  
Inc. Town of .....  
or  
City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43662

Registration District No. 3206 Registered No. 470  
(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 James F. Williams (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Nov. 9, 22  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Emory Williams  
(9) PRESENT POSTOFFICE OF FATHER Gresham  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25 (Years)  
(12) BIRTHPLACE Marion Co. D.C.  
(13) OCCUPATION Farmer

MOTHER.  
(14) NAME BEFORE MARRIAGE Lizzie Godbold  
(15) PRESENT POSTOFFICE OF MOTHER Gresham D.C.  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24 (Years)  
(18) BIRTHPLACE Marion Co. D.C.  
(19) OCCUPATION House-wife

(20) Number of children born to mother, including present birth 2 (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 alive at 6 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Liza Davis  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Gresham D.C.  
Midwife

Given name added from a supplemental report

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

(27) Filed Dec. 13, 1922 (28) F. M. Boatwright 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.