

## (1) PLACE OF BIRTH

County of WilliamsonTownship of Masonor  
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

22865

Registration District No. 4306 Registered No. 38

(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 Lenora Williams If child is not yet named, make supplemental report as directed3. SEX OF CHILD Girl (4) Twin or Triplet? ☒ (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH July 27 1923  
(Month) (Day) (Year)FATHER. (8) FULL NAME Nedham Pagan Williams (14) NAME BEFORE MARRIAGE Mary Linn M. C. Cuthers(9) PRESENT POSTOFFICE OF FATHER Adas, SC. R.F.D. (15) PRESENT POSTOFFICE OF MOTHER Adas, SC. R.F.D.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34(12) BIRTHPLACE Williamson County (18) BIRTHPLACE Williamson County(13) OCCUPATION Farmer (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 8 (21) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8:30 P.M. on the date above stated. (Born alive or stillborn (Hour A. M. or P. M.))(23) (Signature) B. M. Montgomery (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Kingstree SC

Given name added from a supplemental report

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

(27) Filed Aug 1st 1923 (28) J. T. Williams 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.

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