

File No. — For State Registrar Only
43303

Inc. Town of Registration District No. 2508 Registered No. 122
(For use of Local Registrar)
City of (No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Bernice Williamson .. If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <u>Girl</u>	(2) Twin or Triplet? <u>No</u>	(3) Number in order of birth <u>10</u>	(4) Are Parents Married? <u>Yes</u>	(5) DATE OF BIRTH <u>Dec 2</u> (Name of Month) (Day) (Year) <u>1966</u>
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FATHER.		MOTHER.	
(1) FULL NAME	James E. Williams	(14) NAME BEFORE MARRIAGE	Ida (Ida) Williamson
(2) PRESENT POSTOFFICE OF FATHER	Tabor N.C. Raleigh	(15) PRESENT POSTOFFICE OF MOTHER	Tabor, N.C. Raleigh
(3) COLOR OR RACE	White	(16) COLOR OR RACE	White
(4) BIRTHPLACE	Hayds, N.C.	(17) AGE AT LAST BIRTHDAY	36 (Years)
(5) OCCUPATION	Farming	(18) BIRTHPLACE	Green Sea, N.C.
(6) Number of children born to father, including present birth	10	(19) OCCUPATION	Housewife
		(20) Number of children of the 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 at St. Louis, Mo. on the date above stated. (Born day of month year) (Hour, M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife: 25; Address of Physician: 1114-12

Given name added from a supplemental report

(24) Witness
(Signature of Witness necessary only
when question 23 is signed by Marie) //

(27) Filed Dec 2 195 (28) SG Williams
Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. In all instances even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.