

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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.

MCCRAY OF COLUMBIA, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of allendale  
 Township of Jessy  
 OR  
 Inc. Town of .....  
 OR  
 City of .....

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

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**40708**

Registration District No. .... Registered No. B. 2 .....  
 (For use of Local Registrar)

(2) Full Name of Child Dr. Daniel Williams child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 18, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Willie D. Williams  
 (9) PRESENT POSTOFFICE OF FATHER Wm., S.C., N.Y.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29 .....  
 (Year)  
 (12) BIRTHPLACE Barnwell Co.  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Hatterston Carter  
 (15) PRESENT POSTOFFICE OF MOTHER Wm., S.C., N.Y.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 33 .....  
 (Year)  
 (18) BIRTHPLACE Barnwell Co.  
 (19) OCCUPATION Housekeeping  
 (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 born alive ..... at 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) G. W. D. DeLoach

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 19 .....

(28) .....

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.