(1) PLACE OF BIRTH

County of Greenville

Township of Greenville

or

Inc. Town of Pea Ridge

or

City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
14200

Registration District No. 2449 A. Registered No. 146
(For use of Local Registrar)

(No. 8 3rd Ave 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 Doris Elizabeth Williams (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married	(7) DATE OF BIRTH
Girl	To be answered only in event of Twins or Triplets		Yes	Nov. 22, 1923 (Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME J B Williams	(14) MAIDEN BEFORE MARRIAGE Evelyn Harris
(9) PRESENT POSTOFFICE OF FATHER Greenville S C	(15) PRESENT POSTOFFICE OF MOTHER Greenville S C
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 23 (Years)	(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 19 (Years)
(12) BIRTHPLACE Ga	(18) BIRTHPLACE S C
(13) OCCUPATION Dairyman	(19) OCCUPATION Home
(20) Number of children born to mother, including present birth 1	(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Arthur Mc

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Greenville S C

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed May 1 1923 (28) Thos. Mc 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.

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.