

Form No. 3

## (1) PLACE OF BIRTH

County of ColumbiaTownship of Trinder

Inc. Town of .....

(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

Registration District No. 1407

File No. — For State Registrar Only

3527Registered No. ....  
(For use of Local Registrar)(2) Full Name of Child William Edwin Williamson

If child is not yet named, make supplemental report as directed

1. BOY OR GIRL Boy(4) Twin or Triplet  
To be covered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)  
Feb 13 23

## FATHER

(8) FULL NAME Edwin Williamson(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 35

(Year)

(12) BIRTHPLACE Surance S.C.(13) OCCUPATION Law Bill C. Abner(20) Number of children born to mother, including present birth 2

## MOTHER

(14) NAME BEFORE MARRIAGE Leila Williamson(15) PRESENT POSTOFFICE OF MOTHER Higgins S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 22

(Year)

(18) BIRTHPLACE Hampton S.C.(19) OCCUPATION Housewife(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 1.2 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. L. T. Walters

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Physician Higgins S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb 24 1923(28) B. G. Higgins 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.

THIS IS A SEPARATE BLANK FOR EACH CHILD. Mark the FIRST-BORN No. 1. THE OTHER No. 2, etc. in question 3.