

## (1) PLACE OF BIRTH

County of York

Township of .....

Inc. Town of .....

City of St. Paul

(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

No. - For this Register

554

Registration District No. 4406Registered No. 71

(For use of Local Registrar)

## (2) Full Name of Child

John Billie Williams

Ward

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet

To be answered only in case of Twin or Triplet

(5) Number in order of birth

1

(6) Age Previous Marriages

4

(7) DATE OF BIRTH

Feb 5 1923

## FATHER.

(8) FULL NAME

Blair Young Duckmon

(9) PRESENT POSTOFFICE OF FATHER

St. Paul

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

43

(12) BIRTHPLACE

St. Paul

(13) OCCUPATION

SALE MANDuckmon

(14) Number of children born to mother, including present birth

7

## MOTHER.

(15) NAME BEFORE MARRIAGE

Lucia Dames

(16) PRESENT POSTOFFICE OF MOTHER

St. Paul

(17) COLOR OR RACE

White

(18) AGE AT LAST BIRTHDAY

36

(19) BIRTHPLACE

Charleston

(20) OCCUPATION

Domestic

(21) Number of children of this mother now living, including present birth

6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Given name added from a supplemental report

(27) Witness

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

(28) Filed

Mar 8 1923

(29)

A. L. Parks

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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MARGIN REMAIN - NO FOR BINDING.

WRITES PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. 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.

Bureau of Columbia, Columbia, S. C.

Form No. 5