

## (1) PLACE OF BIRTH

County of AndersonTownship of Andersonor  
Inc. Town of .....or  
City of .....

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

(2) Full Name of Child Bernice Williams

File No.—For State Registrar Only

6469

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3/8Registered No. 207 26  
(For use of Local Registrar)

St.; ..... Ward)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 19, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Andrew Williams(9) PRESENT POSTOFFICE OF FATHER Anderson, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Anderson, Co.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth Two

## MOTHER.

(14) NAME BEFORE MARRIAGE Bernice Holland(15) PRESENT POSTOFFICE OF MOTHER Anderson, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Anderson, Co.(19) OCCUPATION House-wife(20) Number of children of this mother now living, including present birth Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was... Alive... at 3... M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Mattie Woodie (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Anderson

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Apr 15, 1922 (28) H. W. Leavengood 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.

Moore (Sh)