

(1) PLACE OF BIRTH

County of Charleston

Township of

or

Inc. Town of

or

City of Charleston

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

(2) Full Name of Child Elizabeth Belle Williams(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 14, 1922

To be answered only in event of Twins or Triplets

(For use of Local Registrar)

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Mordant Willingham(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Minister(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Prater Walker(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION Housewife(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 at M., on the date above stated. (Hour A.M. or P.M.)

(23) (Signature) John R. Wilson(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Charleston S.C.

Given name added from a supplemental report

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

(27) Filed 9/15/22 (28) Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make the 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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

29250

1396

Registration District No. 9 A... Registered No.

(For use of Local Registrar)

(No. Bakerfairview St.; Ward)

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

See also instructions on back of this form. Mark for each child, and mark the mother, if she is a foreign-born, in column 2, etc., in question 2.