

## (1) PLACE OF BIRTH

County of Ortg.Township of Ortg. city

or

Inc. Town of Ortg.

or

City of Ortg.

(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

File No.—For State Registrar Only

43939

Registration District No. 36-a Registered No. 185

(For use of Local Registrar)

(2) Full Name of Child Beulah Louise Williams (No. 139 Treadwell St.; 7 Ward)

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 1st, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Willie White Williams(9) PRESENT POSTOFFICE OF FATHER Orangeburg(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 46 (Year)(12) BIRTHPLACE Beaufort, S. C.(13) OCCUPATION Blacksmith(20) Number of children born to mother, including present birth nine

## MOTHER.

(14) NAME BEFORE MARRIAGE Daisy J. Williams(15) PRESENT POSTOFFICE OF MOTHER Orangeburg(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 40 (Year)(18) BIRTHPLACE Winnabow, S. C.(19) OCCUPATION Housekeeping(21) Number of children of this mother now living, including present birth nine

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born Dec. 1st at 8:45 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Louise Williams (Ortg. S. C.)(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Ortg. 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 12-29 19 22 (28) W. T. Dukes 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.