

(1) PLACE OF BIRTH

County of CurrituckTownship of Coopers Cove

or

Inc. Town of .....

or

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

10056

Registration District No. 513 Registered No. 23  
(For use of Local Registrar)

St.: ..... Ward)

(2) Full Name of Child Wade Williams  
if birth occurs in a hospital or other institution, give name of same instead of street and number.)

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 1 6. Are Parents Married? Yes 7. DATE OF BIRTH April 22 1922  
(Name of Month) (Day) (Year)FATHER: 8. FULL NAME Wade Williams 9. PRESENT POSTOFFICE OF FATHER Williston SC 10. COLOR OR RACE Negro 11. AGE AT LAST BIRTHDAY 32 (Years) 12. BIRTHPLACE SC 13. OCCUPATION Restaurant Keep 14. NAME BEFORE MARRIAGE M. Tha Holmes 15. PRESENT POSTOFFICE OF MOTHER Williston SC 16. COLOR OR RACE Negro 17. AGE AT LAST BIRTHDAY 22 (Years) 18. BIRTHPLACE SC 19. OCCUPATION Wife 20. Number of children born to mother, including present birth 12 21. Number of children of this mother now living, including present birth 12

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wade Williams(24) State whether Physician or Midwife Williston SC

Given name added from a supplemental report

(26) Witness W. Williams Signature of Witness necessary only when question 23 is signed by mark(27) Filed 4-20-1922 (28) W. Williams 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.