

(1) PLACE OF BIRTH

County of Laurinburg  
Township of Cooperstown  
or  
Inc. Town 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)

City of ..... (No. .... St. .... Ward)  
if birth occurs in a hospital or other institution (Give name of same instead of street and number.)

(2) Full Name of Child Woe Williams 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  
(Name of Month) (Day) (Year)

FATHER:  
8. FULL NAME Madrick 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 Keepr  
14. Number of children born to mother, including present birth 2

MOTHER:  
14. NAME BEFORE MARRIAGE M. Ma 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  
21. Number of children of this mother now living, including present birth 2

### 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 AM,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
W. J. Johnson

(23) (Signature) W. J. Johnson  
(24) State whether Physician or Midwife or Physician or Midwife  
Medicine Williston SC

Given name added from a supplemental report

(26) Witness W. J. Johnson Signature of Witness necessary only when question 23 is signed by mark  
(27) Filed 4-20-22 (28) W. J. Johnson 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.