

(1) PLACE OF BIRTH *Laurens*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

22867

County of *Laurens*Township of *Laurens*

or

Inc. Town of *Laurens*

or

City of *Laurens*Registration District No. *2901*Registered No. *68*

(For use of Local Registrar)

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

(2) Full Name of Child *Not named*

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

(3) BOY OR GIRL? *Girl*(4) Twin or Triplet? ☒(5) Number In order of birth *1*(6) Are Parents Married? *yes*

(7) DATE OF BIRTH

June 18, 1922
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *James Madison Williams*(14) NAME BEFORE MARRIAGE *Mandy K. Williams*(9) PRESENT POSTOFFICE OF FATHER *Fork Shoals, S.C.*(15) PRESENT POSTOFFICE OF MOTHER *Fork Shoals, S.C.*(10) COLOR OR RACE *white*(11) AGE AT LAST BIRTHDAY *30*

(Years)

(16) COLOR OR RACE *white*(18) BIRTHPLACE *Greenfield, S.C.*(12) BIRTHPLACE *Greenfield, S.C.*(13) OCCUPATION *Farmer*(19) OCCUPATION *Housewife*(20) Number of children born to mother, including present birth *1 - 18*(21) Number of children of this mother now living, including present birth *13*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *3 A.M.* on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *J. H. Williams*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Laurens, S.C.*

Given name added from a supplemental report

(26) Witness *J. H. Williams*

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

19
Registrar

(27) Filed 19

(28)

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.