

Form 1

PLACE OF BIRTH

County of Hampton

Township of Lawton

City of Scotia

Registration District No. 2401 Registered No. 48
(For use of Local Registrar)

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

FULL NAME OF CHILD Martha Hellen Williams

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

1. SEX OF CHILD Girl 2. Twin or Triplet? No 3. Number in order of birth 1 4. Are Parents Married? Yes 5. DATE OF BIRTH July 19 19 23
(Name of Month) (Day) (Year)

FATHER
1. FULL NAME Nathan Williams
2. ADDRESS AT CHILD'S BIRTH Scotia
3. COLOR OR RACE Colored 11. AGE AT CHILD'S BIRTH 26
(Years)
4. BIRTHPLACE S. C.
5. OCCUPATION Farming
6. Number of children born to mother, including present birth 2

MOTHER
14. NAME BEFORE MARRIAGE Rebecca Moore
15. ADDRESS AT CHILD'S BIRTH Scotia
16. COLOR OR RACE Colored 17. AGE AT CHILD'S BIRTH 22
(Years)
18. BIRTHPLACE S. C.
19. OCCUPATION Housewife
21. Number of children by this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
born alive

I hereby certify that I attended the birth of this child, who was born alive at 9P M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

23. Signature Clarice Williams
24. State whether Physician or Midwife Midwife 25. Address of Physician or Midwife Scotia, S. C.

From same added from a supplemental report
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Registrar

26. Witness E. D. Rushing
(Signature of Witness necessary only when question 23 is signed by mark)
27. Filed July 19 19 23 28. E. D. Rushing
Local Registrar

*If there was no attending physician or midwife, then the father, householder, etc., should make this return.
and breathe even on it. It must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.