

(1) PLACE OF BIRTH

County of Leflore
Township Pull Swamp
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

43467

Registration District No. 3102 Registered No. 130
(For use of Local Registrar)

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 William J. Williams If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 29 1922
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Albert Williams
(9) PRESENT POSTOFFICE OF FATHER Swansea SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Year)
(12) BIRTHPLACE Leflore Co. S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 5

MOTHER.
(14) NAME BEFORE MARRIAGE Beulah Huffman
(15) PRESENT POSTOFFICE OF MOTHER No 9
(16) COLOR OR RACE W 10 (17) AGE AT LAST BIRTHDAY 22 (Year)
(18) BIRTHPLACE W 19
(19) OCCUPATION Housework
(21) Number of children of this mother now living including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) (Sex A. M. or F. M.)
on the date above stated.

(23) (Signature) L. C. Crocker M.D. (24) State whether Physician or Midwife
(25) Address of Physician or Midwife Swansea SC

Given name added from a supplemental report
.....
..... 19

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Nov 16 22 (28) J. K. Frazier 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.

*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.

REGISTRATION DISTRICTS IN THIS STATE ARE: 1. COLUMBIA, 2. CHARLESTON, 3. FLEMING, 4. GEORGETOWN, 5. HANCOCK, 6. HARTWELL, 7. HENRY, 8. JEFFERSON, 9. KINGS, 10. LEE, 11. LEXINGTON, 12. MARLBOROUGH, 13. MOUNTAIN, 14. OCA, 15. OCONEE, 16. OREGON, 17. PICKENS, 18. RICHMOND, 19. SALUDA, 20. SPARTANBURGH, 21. SUMMER, 22. TAYLOR, 23. UNION, 24. WAGNER, 25. WARREN, 26. YORK.