

(1) PLACE OF BIRTH

County of Anderson
 Township of Custer
 or
 Inc. Town of
 or
 City of Anderson

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only
27061

Registration District No. 203 Registered No. 106
 (For use of Local Registrar)

(No. Stevens 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 Sonny William If child is not yet named, make supplemental report as directed

3) BOY OR GIRL 4) Twin or Triplet? 5) Number in order of birth 6) Are Parents Married? 7) DATE OF BIRTH
 To be answered only in case of Twin or Triplet Yes Mar 4 1923
 (Name of Month) (Day) (Year)

FATHER

8) FULL NAME Sonny Williams
 9) PRESENT POSTOFFICE OF FATHER Anderson
 10) COLOR OR RACE B 11) AGE AT LAST BIRTHDAY 29 yrs.
 (Year) 12) BIRTHPLACE
 13) OCCUPATION Plumber
 20) Number of children born to mother, including present birth four

MOTHER

14) NAME BEFORE MARRIAGE Lucinda Williams
 15) PRESENT POSTOFFICE OF MOTHER Anderson
 16) COLOR OR RACE B 17) AGE AT LAST BIRTHDAY 29 yrs.
 (Year) 18) BIRTHPLACE Anderson
 19) OCCUPATION Housewife
 21) Number of children of this mother now living, including present birth four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11:20 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dellie Narwood
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 10 (28) REGISTERED

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.

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