

## (1) PLACE OF BIRTH

County of Richland

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

2344

Township of .....

or  
Inc. Town of .....City of Columbia S.C.

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

Registration District No. 350Registered No. 1037

(For use of Local Registrar)

2 Full Name of Child Norma Fay Williamson

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

10 <u>MALE</u> GIRL?	11 <u>TWIN</u> or Triplet?	12 Number in order of birth <u>1</u>	13 Are Parents Married? <u>Yes</u>	14 DATE OF BIRTH <u>Jan 11 1922</u> (Name of Month) (Day) (Year)
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## FATHER

15 FULL  
NAME Stirling Wade Williamson16 PRESENT  
POSTOFFICE  
OF FATHER 212 Senate St.17 COLOR White 18 AGE AT LAST  
BIRTHDAY 35 Yrs19 BIRTHPLACE  
Columbia S.C.20 OCCUPATION  
moving picture operator21 Number of children born to  
mother, including present birth 1

## MOTHER

14 NAME BEFORE  
MARRIAGE Blanche Felicia Robt. J.15 PRESENT  
POSTOFFICE  
OF MOTHER 1212 Senate St.16 COLOR White 17 AGE AT LAST  
BIRTHDAY 33 Yrs18 BIRTHPLACE  
Columbia S.C.19 OCCUPATION  
House wife21 Number of children of this mother  
now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was born alive at 3:20 P.M.  
on the date above stated. (Born alive or stillborn) (Hour & M. or P.)(23) (Signature) Charles E. Owens(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
M.D.Given name added from a supplement-  
tal report(26) Witness (Signature of Witness)  
When question 23 was answered(27) Filed 1-26-1922 (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.

Supplemental report

(Date of) Jan 11 1922 Address Madison St.Filed 1-26-1922 Registrar 561

Martin B. Woodruff, M.D.