

## (1) PLACE OF BIRTH

County of Lushen  
 Township of D. K. K. K.  
 or  
 Inc. Town of .....

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

No. - For this registration  
**44013**

Registration District No. 2701 Registered No. 19  
 (For use of Local Registrar)

City of ..... (No. .... 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 Patsy Williams If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD <u>Girl</u>	(4) Twin or Triplet	(5) Number in order of birth	(6) Age at birth	(7) DATE OF BIRTH <u>Dec 24, 1923</u>
FATHER.			MOTHER.	
(8) FULL NAME <u>Hammer Williams</u>			(14) NAME BEFORE MARRIAGE <u>Karmah Bagh</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Cauden S.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Cauden</u>	
(10) COLOR OR RACE <u>Col</u>			(16) COLOR OR RACE <u>Col</u>	
(11) AGE AT LAST BIRTHDAY <u>37</u>			(17) AGE AT LAST BIRTHDAY <u>36</u>	
(12) BIRTHPLACE <u>SC</u>			(18) BIRTHPLACE <u>SC</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer</u>	
(20) Number of children born to mother, including present birth <u>9</u>			(21) Number of children of this mother now living, including present birth <u>7</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Female at 6 M., on the date above stated.  
 (23) (Signature) Phyllis Fisher  
 (24) State whether Physician or Midwife Midwife (25) Address of Phys. or Midwife

Given name added from a supplemental report  
 .....  
 10  
 Registrar

(26) Witness .....  
 (Signature of Witness necessary only when question 23 is signed by child)  
 (27) Filed Dec 13, 1924 (28) Williams

When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.