

## (1) PLACE OF BIRTH

County of Darlington  
 Township of Darlington  
 or  
 Inc. Town of .....  
 or  
 City of Darlington

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

File No. — For State Registrar Only  
**17326**

Registration District No. 109 Registered No. 43  
 (For use of Local Registrar)

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

## (2) Full Name of Child

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

(3) BOY OR GIRL Boy (4) Twin or Triplet ✓ (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 12, 1923  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Henry Henry Williams

(9) PRESENT POSTOFFICE OF FATHER Darlington S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Darlington Co S.C.

(13) OCCUPATION Wesley Cotton Mill

(20) Number of children born to mother, including present birth six

## MOTHER.

(14) NAME BEFORE MARRIAGE Roscoe Kendrick

(15) PRESENT POSTOFFICE OF MOTHER Darlington S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Darlington Co S.C.

(19) OCCUPATION at home

(21) Number of children of this mother now living, including present birth six

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... alive... at 3:10 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) W. B. C. [illegible]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Darlington S.C.

Given name added from a supplemental report

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

(27) Filed July 1, 1923 (28) E. A. Emery 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.