

(1) PLACE OF BIRTH

County of Atkins Co.Township of Inc. Tieror
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 208 Registered No. 8
(For use of Local Registrar)(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 Viola May Williams If child is not yet named, make supplemental report as directed(3) SEX OR girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age yes (7) DATE OF BIRTH May 31, 1923
(Name of child) (Day) (Year)
To be answered only in event of Twin or Triplet

FATHER		MOTHER	
(8) FULL NAME <u>Pierce Williams</u>	(14) NAME BEFORE MARRIAGE <u>Matthie Calhoun</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Samaria S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Samaria S.C.</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> (Year)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>40</u> (Year)
(12) BIRTHPLACE <u>Atkins Co</u>	(18) OCCUPATION <u>Painter</u>	(19) BIRTHPLACE <u>Atkins Co</u>	(20) OCCUPATION <u>Housewife</u>
(21) Number of children born to mother, including present birth <u>13</u>	(22) Number of children of this mother now living, including present birth <u>11</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(23) I hereby certify that I attended the birth of this child, who was Alive at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) John H. Hays (25) State whether Physician or Midwife Midwife (26) Address of Physician or Midwife Earle S.C.

(Given name added from a supplemental report)

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

(28) Filed 6/6 1923 (29) J. C. Jones 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.