

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Townor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Register Only

575

Registration District No. 9.2.5

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 James Williams

If child is not yet named, make
supplemental report as directed(3) SEX OF
CHILD(4) Type
or Trade(5) Number in
order of birth(6) Age
at Birth(7) DATE OF
BIRTHJan. 19, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME

Isaiah Williams

(9) PRESENT
RESIDENCE
OF FATHER

John Island

(10) COLOR
OR
RACE

Negro

(11) AGE AT LAST
BIRTHDAY23
(Years)

(12) BIRTHPLACE

John Island

(13) OCCUPATION

Farmer

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

Three

MOTHER.

(14) NAME BEFORE
MARRIAGE

Mary Ann Heyward

(15) PRESENT
RESIDENCE
OF MOTHER

John Island

(16) COLOR
OR
RACE

Negro

(17) AGE AT LAST
BIRTHDAY22
(Years)

(18) BIRTHPLACE

John Island

(19) OCCUPATION

Housewife

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

Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was... born alive... at 6 P.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature)

Rosa Williams

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

midwife

John Island

Given name added from a supplement-
tal report

(25) Witness

(Signature of Witness necessary only
when question 25 is signed by mother)

(26) Filed

Jan. 20, 1923

(27) Mrs. E. H. Hills

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RegistrarWhen there was no attending physician or midwife, then the father, householder, etc., should make this report.
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.