

(1) PLACE OF BIRTH

County of Charlotte

Township of

or

Inc. Town of

or

City of Charlotte

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

(2) Full Name of Child

(3) BOY OR GIRL Girl(4) Twin or Triplet? X

To be answered only in event of Twins or Triplets

(5) Number in order of birth 1(6) Are Parents Married? yes(7) DATE OF BIRTH Jan. 18, 1932

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John H. Williams(9) PRESENT POSTOFFICE OF FATHER 26 St. Phillips St.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Adams River, D.C.(13) OCCUPATION Clark @ Sullivan Drug Co.(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Concepcion M. Blitch(15) PRESENT POSTOFFICE OF MOTHER 26 St. Phillips St.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Ellabell, Ga.(19) OCCUPATION Wife(21) Number of children of the 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 Jan. 18, 1932 at 9:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Williams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

206 Ave. B. Bldg.

Given name added from a supplemental report

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

(27) Filed 2/17/3219 32 Registrar(28) J. M. Williams Local Registrar

*When there was no attending physician or midwife, then the father, household head, 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.

Given name added from a supplemental report

(Date of)

Address

Filed

9/23, 1932W. H. Williams

Registrar

Registrar