

Form No. 1

## (1) PLACE OF BIRTH

County of Williams  
 Township of Johnson  
 Inc. Town of .....  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

19463

Registration District No. 4204 Registered No. 39  
 (For use of Local Registrar)

(2) Full Name of Child Mary C Williams (No. .... St. .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL Girl (4) Twin or Triplet ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 26 1923  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Eddie Williams  
 (9) PRESENT POSTOFFICE OF FATHER Hurricane S.C.  
 (10) COLOR OR RACE Cauc (11) AGE AT LAST BIRTHDAY 29 (Year)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farming  
 (14) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Minie Bell  
 (15) PRESENT POSTOFFICE OF MOTHER Hurricane S.C.  
 (16) COLOR OR RACE Cauc (17) AGE AT LAST BIRTHDAY 23 (Year)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Housewife  
 (20) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was ..... at 4 P. M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) M. L. Gault

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Hurricane S.C.

Given name added from a supplemental report

(25) Witness ..... (Signature of Witness necessary only when question 22 is signed by mother)

(26) Filed 3/1/23 (27) 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.