

(1) PLACE OF BIRTH

County of C. Anderson
 Township of R. L. L. 10th
 or
 Inc. Town of R. L. L. 10th
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

13569

Registration District No. 300Registered No. 67
(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 Ruth M. Williams

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 May 22, 1912
 To be answered only in event of Twin or Triplets (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Wm. R. Williams
 9. PRESENT POSTOFFICE OF FATHER Kelton S.C.
 10. COLOR OR RACE white 11. AGE AT LAST BIRTHDAY 23 (Years)
 12. BIRTHPLACE Kelton S.C.
 13. OCCUPATION mill hand

20. Number of children born to mother, including present birth 3

MOTHER.

14. NAME BEFORE MARRIAGE Bessie E. Martin
 15. PRESENT POSTOFFICE OF MOTHER Kelton S.C.
 16. COLOR OR RACE white 17. AGE AT LAST BIRTHDAY 41 (Years)
 18. BIRTHPLACE Easley S.C.
 19. OCCUPATION house wife
 21. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. R. Harris M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife R. L. L. 10th S.P.

Given name added from a supplemental report

M. L. Williams
 Registrar

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

(27) Filed Jan 2 1912 (28) Mrs. J. P. Harris Local Registrar.

*When there was no attending physician or midwife when 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.

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