

## (1) PLACE OF BIRTH

County of Greenville  
 Township of Greenville  
 or  
 Inc. Town of  
 or  
 City of

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**64550**

Registration District No. 2209 Registered No. 289  
 (For use of Local Registrar)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mr. Clarence Williams

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

(3) BOY OR GIRL? <u>M.</u>	(4) Twin or Triplet?	(5) Number in order of birth <i>To be answered only in case of Twin or Triplets</i>	(6) Age <u>2 yrs</u>	(7) DATE OF BIRTH <u>June 8, 1916</u> (Name of Month) (Day) (Year)
(8) FULL NAME <u>Mr. C. Williams</u>		(14) NAME BEFORE MARRIAGE <u>Miss D. D. D.</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville, S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville, S.C.</u>		
(10) COLOR OR RACE <u>W.</u>	(11) AGE AT LAST BIRTHDAY <u>39</u> (Years)	(16) COLOR OR RACE <u>W.</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)	
(12) BIRTHPLACE <u>Anderson County</u>		(18) BIRTHPLACE <u>Anderson County</u>		
(13) OCCUPATION <u>House work</u>		(19) OCCUPATION <u>House work</u>		
(20) Number of children born to mother, including present birth <u>10</u>		(21) Number of children of this mother now living, including present birth <u>8</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, born alive, on the date above stated. (Hour A. M. or P. M.) 6 P.

(23) (Signature) W. M. J. J. J.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Phys. Greenville

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
June 13, 1916  
 (27) Filed 1916 (28) A. H. Mackey  
 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.

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N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

N.

McCaw