

## (1) PLACE OF BIRTH

County of SummitTownship of StateOR  
Inc. Town of .....or  
City of .....(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
Registration District No. 2210 Registered No. 38  
(For use of Local Registrar)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics  
State Board of Health

File No. — For State Registrar Only

64500

(2) Full Name of Child Roy Williams } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No. (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 17<sup>th</sup> 1916  
(Name of Month) (Day) (Year)FATHER.  
(8) FULL NAME James Williams  
(9) PRESENT POSTOFFICE OF FATHER Piedmont S.C.  
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 29 (Years)  
(12) BIRTHPLACE Piedmont S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth ThreeMOTHER.  
(14) NAME BEFORE MARRIAGE Flora E. Edwards  
(15) PRESENT POSTOFFICE OF MOTHER Piedmont S.C.  
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 25 (Years)  
(18) BIRTHPLACE Piedmont S.C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 1:20 P. M., on the date above stated. (Born Alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. S. Williams, M.D.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 191.....

Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed June 21 1916 (28) S. A. Mims 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.

MAKING INDENTED, FULL BIRTHING.  
WITH FLAINTY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. H.—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.  
Mo. Ch. v. of Columbia.