

## (1) PLACE OF BIRTH

County of *Greenville*Township of *Greenville*

Inc. Town of .....

City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *2506*

File No.—For State Registrar Only

4245

Registered No. *123*  
(For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL? *Boy*

(4) Twin or Triplet?

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

*July 12 1928*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *W. H. Williams*(9) PRESENT POSTOFFICE OF FATHER *Greenville*(10) COLOR OR RACE *White*

(11) AGE AT LAST BIRTHDAY

(Year)

(12) BIRTHPLACE *Greenville*(13) OCCUPATION *Householder*(20) Number of children born to mother, including present birth *2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(23) I hereby certify that I attended the birth of this child, who was *born* at *Greenville* M., on the date above stated. (Born alive or stillborn) (Born A. M. or P. M.)(24) (Signature) *W. H. Williams*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Greenville*

(Give name added from a supplemental report)

(26) Witness

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

(27) Date *July 20 1928*

(28)

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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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.