

10/17/40

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH		Standard Certificate of Birth		FILE No.—For State Registrar Only	
County of <u>York</u>		STATE OF SOUTH CAROLINA		1991	
Township of <u>Ebenezer</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of .....		Registration District No. <u>32 7/4 DS</u>		Registered No. ....	
or				(For use of Local Registrar)	
City of .....		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 <u>Roy Graham Williams</u>		If child is not yet named, make supplemental report as directed.			
3. Boy or Girl	If Plural births	4. Twins, triplets or other	5. Number, in order of birth	6. Premature.....	7. Are Parents Married? <u>YES</u>
				8. Date of birth <u>Oct. 31</u>	19 <u>22</u>
			Full term. <u>X</u>	(Month, day, year)	
9. Full name <u>FATHER</u> <u>Roy Graham Williams</u>			18. Name before marriage <u>MOTHER</u> <u>Annie Jackson Williams</u>		
10. Residence (mailing address) (If non-resident, give place and State) <u>Rt. 4 Rock Hill</u>			19. Residence (mailing address) (If non-resident, give place and State) <u>Rt. 4 Rock Hill</u>		
11. Color or race <u>W</u>		12. Age at child's birth..... (years)		20. Color or race <u>W</u>	
13. Birthplace (city or place) (State or country) <u>Catawba Township</u> <u>South Carolina</u>		21. Age at child's birth <u>25</u> (years)			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmers</u>		22. Birthplace (city or place) (State or country) <u>Ebenezer Township</u> <u>South Carolina</u>			
15. Industry or business in which work done, as silk mill, sawmill, bank, etc. ....		16. Date (month and year last) engaged in this work		17. Total time (years) spent in this work	
19.....		19.....		19.....	
23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>housewife</u>					
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ....					
25. Date (month and year) last engaged in this work					
26. Total time (years) spent in this work.....					
27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living <u>I</u> (b) Born alive but now dead..... (c) Stillborn.....					
28. If stillborn, period of gestation.....		months	weeks	29. Cause of birth.....	
				Before labor.....	
				During labor.....	
CERTIFICATE ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify to the birth of this child who was born alive at <u>6:30 A.</u> m. on the date above stated. (Born alive or stillborn) <u>Mrs. Annie G. Williams</u>					
(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)		(Signed) <u>Roy Graham Williams</u> Parent			
Given name added from a supplementary report.....		or....., Guardian			
(Date of) .....		Address <u>R. F. D. 4 Rock Hill, S. C.</u>			
Registrar.....		Filed <u>Oct. 26,</u> 19 <u>40</u> <u>M. B. Woodward, M. D.</u> Registrar.			

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