

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 County of <u>York</u> Township of <u>Ebenezer</u> or Inc. Town of _____ or City of _____ (If birth occurs in a hospital or other institution, give name of same instead of street and number)		<b>Standard Certificate of Birth</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health Registration District No. <u>32</u> <u>1445</u> Registered No. _____ (For use of Local Registrar) St. _____ Ward _____ (If child is not yet named, make supplemental report as directed)		FILE No.—For State Registrar Only <b>1991</b>	
2. FULL NAME OF CHILD <u>Roy Graham Williams</u>					
3. Boy or Girl	If Plural births	4. Twins, triplets or other	5. Premature	6. Are Parents	7. Date of birth <u>Oct. 31</u> 19 <u>22</u> (Month, day, year)
		5. Number, in order of birth	Full term <u>X</u>	Married? <u>YES</u>	
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.		23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>housewife</u>			
16. Date (month and year last) engaged in this work		17. Total time (years) spent in this work		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
19		19		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> (Signed) <u>Roy Graham Williams</u> Parent or _____, Guardian Address <u>R.F.D. 4 Rock Hill, S.C.</u> Filed <u>Oct. 26, 1940</u> <u>M.B. Woodward, M.D.</u> Registrar _____ Registrar _____					

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