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)

Standard Certificate of Birth

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

FILE No.—For State Registrar Only: 22 050143

Registration District No.....Registered No.....
(For use of Local Registrar)

1. PLACE OF BIRTH
County of York
Township of Ebenezer
or
Inc. Town of.....
or
City of..... (No.....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 Roy Graham Williams — If child is not yet named, make supplemental report as directed.

3. Boy or Girl | If Plural births: 4. Twin, triplet or other..... 5. Number, in order of birth..... | 6. Premature..... Full term X | 7. Are Parents Married? yes | 8. Date of birth October 31, 19 22 (Month, day, year)

FATHER	MOTHER
9. Full name: Roy Graham Williams	18. Name before marriage: Annie Jackson Williams
10. Residence (mailing address) (If non-resident, give place and State): Rt. 4, Rock Hill	19. Residence (mailing address) (If non-resident, give place and State): Rt. 4, Rock Hill
11. Color or race: W; 12. Age at last birthday: 28 (Years)	20. Color or race: W; 21. Age at last birthday: 25 (Years)
13. Birthplace (city or place) (State or country): Catawba, Twonship South Carolina	22. Birthplace (city or place) (State or country): Ebenezer Township South Carolina
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work .....19..... 17. Total time (years) spent in this work:	25. Date (month and year) last engaged in this work .....19..... 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: 1 (b) Born alive but now dead..... (c) Stillborn.....

28. If stillborn, period of gestation..... months / weeks | 29. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 A.m. on the date above stated.

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Roy Graham Williams, Sr. /s/, M.D.
or....., Midwife.
Address R.F.D. 4 Rock Hill, S.C.
Filed Oct. 26, 1940 M.B. Woodward, M.D. Registrar.

Given name added from a supplementary report..... (Date of)
..... Registrar.

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

E. KENNETH AYCOCK, M.D., M.P.H., COMMISSIONER
J. MARION SIMS BUILDING — 2600 BULL STREET
COLUMBIA, SOUTH CAROLINA 29201

"I hereby certify this to be a true transcript of information contained on the record filed for this individual."

E. Kenneth Aycock, MD
Commissioner and State Registrar

Doris M. Byars
Assistant State Registrar