

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofCity of Anderson (No. 17)

(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

File No.—For State Registrar Only

40758

Registration District No. 3A Registered No. 4972

(For use of Local Registrar)

(2) Full Name of Child Ray Raymond 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 3rd (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 14, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ray Dove Williams(9) PRESENT POSTOFFICE OF FATHER Anderson S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Clayton Ga.(13) OCCUPATION mill op.(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Jennie Prudence(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Hunt Co. Ga.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10:00 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. S. Click (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

(26) Witness B. CRAYTON,
(Signature of Witness needed when question 23 is signed by mark)(27) Filed 191 (28) ANDERSON, S 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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