

(1) PLACE OF BIRTH

County of Lancaster
 Township of Flat Creek
 OR
 Inc. Town of
 OR
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43158

Registration District No. 2803Registered No. 131
(For use of Local Registrar)

(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 Elton Roland Williams

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? L (5) Number in order of birth L (6) Are Parents Married? yes (7) DATE OF BIRTH May 19 1912
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Johnnie Williams(9) PRESENT POSTOFFICE OF FATHER Kershaw S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 44
(Years)(12) BIRTHPLACE Macon, N.C.(13) OCCUPATION Mill Hand(20) Number of children born to mother, including present birth 19

MOTHER.

(14) NAME BEFORE MARRIAGE Lina Riley(15) PRESENT POSTOFFICE OF MOTHER Kershaw S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 36
(Years)(18) BIRTHPLACE Kershaw county S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 18

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 2:00 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dink Dison
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Kershaw S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed D. E. S. C. Nelson 19 12 (28) S. C. Nelson
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.