

## 1. PLACE OF BIRTH

County of CharlestonTownship of Marysvilleor St. Andrews ParishCity of Marysville, S.C.Standard Certificate of Birth  
STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

(For use of Local Registrar)

Ward \_\_\_\_\_

## 2. FULL NAME OF CHILD

(If child occurs in a hospital or other institution, give name of same instead of street and city)

Male Williams

If child is not yet named, give supplemental report to \_\_\_\_\_

3. Boy or Girl

Boy

4. Twin, triplet, or other

None

5. Premature

Full term

6. Legitimate

yes7. Date of birth Oct. 10, 1930

(Month, day, year)

8. Full name

FATHER  
Joseph Williams

9. Full maiden name

MOTHER  
Daisy Chiselm10. Residence (usual place of abode)  
(If nonresident, give place and State)Maryville, S.C.11. Residence (usual place of abode)  
(If nonresident, give place and State)Maryville, S.C.12. Color or race Col.13. Age at last birthday 22 (Years)14. Color or race Col.15. Age at last birthday 22 (Years)16. Birthplace (city or place)  
(State or country)Maryville, S.C.17. Birthplace (city or place)  
(State or country)John T. Williams, S.C.

18. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc.

Foreman -

19. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc.

Farm hand.

20. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

Maule's Fertiliser Mill.

21. Industry or business in which work was done, as silk mill, lawyer's office, etc.

None

22. Date (month and year) last engaged in this work

23. Total time (years) spent in this work

24. Date (month and year) last engaged in this work

25. Total time (years) spent in this work

26. Number of children of this mother  
(At time of this birth and including this child)(a) Born alive and now living 2(b) Born alive but now dead 0(c) Stillborn 0

27. If stillborn, period of gestation

(months weeks)

28. Cause of stillbirth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was BORN ALIVE 6 P.M. on the date above stated  
(Born alive or stillborn)

(Signed)

Matilda Young

M. D.

or

Maryville, S.C.

Address

Dec. 1st, 1930. Mrs. J. W. HallWhen there was no attending physician or midwife, then the father, bookkeeper, etc., should make this return.  
Given name added from a supplemental report (Date of)