

Form No. 1

(1) PLACE OF BIRTH

County of YumaTownship of Greenleeor
Inc. Town ofor
City of

(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

29943

Registration District No. 1602 Registered No. 110

(For use of Local Registrar)

(2) Full Name of Child Charles Williams Jr. (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 28, 1918</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Lawrence Williams</u>	(14) NAME BEFORE MARRIAGE <u>Mary Johnson</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Greenlee</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenlee</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> (Year)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Year)
(12) BIRTHPLACE <u>Pa</u>	(18) BIRTHPLACE <u>Pa</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>Six</u>	(21) Number of children of this mother now living, including present birth <u>Four</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 PM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) <u>Moselle M. Neal</u>	(25) Address of Physician or Midwife <u>Little Rock, Ark</u>
(24) State whether Physician or Midwife <u>Physician</u>	

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept 30, 1918 (28) 187 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 stillbirth before the fifth month of pregnancy.

WITH UNRECORDED INSTRUCTIONS IN A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.