

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 1.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		No. for State Registrar Only <div style="border: 1px solid black; padding: 5px; display: inline-block;">5811</div>
County of <u>Anderson</u> Township of <u>Burley Creek</u> OF Inc. Town of OF City of		Registration District No. <u>S.P. 2</u> Registered No. <u>14</u> (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 <u>Jervis J. Williams</u>				If child is not yet named, make supplemental report as directed
(3) SEX— BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Feb 28 1923</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Dave Williams</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Cady SC # 4</u>	(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>52</u> (Year)	(12) BIRTHPLACE <u>Chester SC</u>
(13) OCCUPATION <u>Black Smith</u>	(14) NAME BEFORE MARRIAGE <u>Estley Hudson</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Cady SC # 4</u>	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Year)
(18) BIRTHPLACE <u>Chester SC</u>	(19) OCCUPATION <u>Domestic</u>	(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>3</u>	(22) BIRTHPLACE <u>Greenville SC</u>
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*				
(23) I hereby certify that I attended the birth of this child, who was ... <u>alive</u> ... at ... <u>9</u> ... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)				
(24) (Signature) <u>Jervis Williams</u>		(25) Address of Physician or Midwife		
(26) State whether <u>Physician or Midwife</u>		<u>Wife</u>		
Given name added from a supplemental report 19 .. Registrar		(27) Witness (Signature of Witness necessary only when question 23 is signed by mark) (28) Filed <u>mar 27 1923</u> (29) <u>J. R. Wain</u> 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.				