

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH LEADING 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 2.

(1) PLACE OF BIRTH

County of Anderson
Township of Center
Incl. Town of.....
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

27060

Registration District No. 303 Registered No. 109
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Johnnie 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 23, 1913
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wesley Williams
(9) PRESENT POSTOFFICE OF FATHER Anderson
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)
(12) BIRTHPLACE Anderson
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 12

MOTHER.

(15) NAME BEFORE MARRIAGE Clara
(16) PRESENT POSTOFFICE OF MOTHER Anderson
(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 32 (Years)
(19) BIRTHPLACE Anderson
(20) OCCUPATION Farmer
(21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Wesley Williams
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Anderson

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed) Wesley Williams

(27) Filed 19 (28) Anderson 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.