

(1) PLACE OF BIRTH

County of Anderson
 Township of Homes Path

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
253

Inc. Town of Registration District No. 307 Registered No. 13
 or (For use of Local Registrar)
 or
 City of (No.) (Name of street and number.)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child John Henry Williams

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

(3) BOY OR
 GIRL?

(4) Twin
 or triplet?

(5) Number in
 order of birth

(6) Are
 Parents
 Married? Yes

(7) DATE OF
 BIRTH

Jan 20 1902
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL
 NAME Albert Williams

(9) PRESENT
 POSTOFFICE
 OF FATHER Homes Path

(10) COLOR
 OR
 RACE white (11) AGE AT LAST
 BIRTHDAY 25
 (Years)

(12) BIRTHPLACE
S. C.

(13) OCCUPATION
Carpenter

(14) Number of children born to
 mother, including present birth 2

MOTHER.

(14) NAME BEFORE
 MARRIAGE Lydia Sears

(15) PRESENT
 POSTOFFICE
 OF MOTHER Homes Path

(16) COLOR
 OR
 RACE white (17) AGE AT LAST
 BIRTHDAY 19
 (Years)

(18) BIRTHPLACE
S. C.

(19) OCCUPATION
Dom.

(20) Number of children of this mother
 now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4:20 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. Williams

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
M. D. Homes Path

Given name added from a supplement
 al report

(26) Witness (Signature of Witness necessary only
 when question 25 is signed by mark)

(27) Filed Jan 21 1902 (28) Jessie Williams
 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.

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