

(1) PLACE OF BIRTH

County of Williams  
 Township of Anderson

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**79615**

Inc. Town of ..... Registration District No. 4300 Registered No. 35  
 (For use of Local Registrar)  
 City of ..... (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. Francis S. Helms { 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 To be answered only in event of Twins or Triplets (6) Are Parents Married? (7) DATE OF BIRTH Aug 20 1940  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME William G Helms  
 (9) PRESENT POSTOFFICE OF FATHER Trit se  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 32 (Years)  
 (12) BIRTHPLACE Id  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 4

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Nora Aynson  
 (15) PRESENT POSTOFFICE OF MOTHER Trit se  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 34 (Years)  
 (18) BIRTHPLACE Id  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 4

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born at 12 a.m. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)  
 (23) (Signature) J. R. Howell M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Anderson

Given name added from a supplemental report  
 ..... 191.....  
 Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 8 30 19140 (28) J. W. ... 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.

THIS IS A PRELIMINARY REPORT. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE. SEPARATE BLANK FORMS FOR THIS PURPOSE ARE AVAILABLE FROM THE BUREAU OF VITAL STATISTICS, COLUMBIA, SOUTH CAROLINA.