

MARGIN RESERVED FOR INDEXING.  
 WITH UNPAID INK—THIS IS A PERMANENT RECORD.

W. 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.  
 McCaw, of Columbia.

Form No. 1.

(1) PLACE OF BIRTH

County of Greenville

Township of # 5

or  
 Inc. Town of

or  
 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 Registration  
**55942**

Registration District No. 2104 Registered No. 7

(2) Full Name of Child Jay 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) Age Parents Married? (7) DATE OF BIRTH (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John E. Williams

(9) PRESENT POSTOFFICE OF FATHER Plantersville, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE Greenville #5

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 6 }

## MOTHER.

(14) NAME BEFORE MARRIAGE Ruth Bailey

(15) PRESENT POSTOFFICE OF MOTHER Plantersville, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE Greenville #5

(19) OCCUPATION house wife

(21) Number of children of this mother now living, including present birth { 6 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Bettie D. Brown

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Plantersville, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed May 7, 1914 (28) G. L. Davis 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 stillborns before the fifth month of pregnancy.