

(1) PLACE OF BIRTH

County of UnionTownship of UnionOF
Inc. Town ofOF
City of Union, SC

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

(2) Full Name of Child William Lee Williams child is not yet named, make supplemental report as directed

(1) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(3) Number in order of birth	(5) Are Parents Married? <u>Yes</u>	(6) DATE OF BIRTH <u>Sept 8, 1913</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>William O. Williams</u>	(14) NAME BEFORE MARRIAGE <u>James Edgar Lake</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Union, SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Union, SC</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> (Year)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> (Year)
(12) BIRTHPLACE <u>Union County</u>	(18) BIRTHPLACE <u>Union County</u>	(13) OCCUPATION <u>Book Clerk</u>	(19) OCCUPATION <u>Domestic Housewife</u>
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 1:30 P.M. on the date above stated. (Born alive or stillborn) (Hour / M. or P. M.)(23) (Signature) W. J. Tarratt(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Union, SC

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 10-10-23 (28) W. J. Tarratt 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.