

(1) PLACE OF BIRTH

County of Anderson
 Township of Savannah
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

17559

Registration District No. 311 Registered No. 44
 (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 Ernest Williams 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? no (7) DATE OF BIRTH June 27 22
 (Name (Month) (Day) (Year))

FATHER.

(8) FULL NAME Ray Francis
 (9) PRESENT POSTOFFICE OF FATHER Laurinville
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 21 (Years)
 (12) BIRTHPLACE Laurinville S.C.
 (13) OCCUPATION farmer
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Williams
 (15) PRESENT POSTOFFICE OF MOTHER Star S.C.
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 22 (Years)
 (18) BIRTHPLACE Abbeville S.C.
 (19) OCCUPATION farmer
 (21) 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 1130 M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Fannie J. Hylle
 (24) State whether Physician or Midwife M. W. (25) Address of Physician or Midwife Star S.C.

Given name added from a supplemental report

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

(27) Filed July 9 1924 (28) L. R. J. J. J. 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.