

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH

County of Greenwood
Township of Greenwood
or
Inc. Town of _____
or
City of South Greenwood

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2306

23 046609

Registered No. 92

(For use of Local Registrar)

(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

William Dewey Springs Jr. (If child is not yet named, make supplemental report as directed.)

3. Boy or Girl Boy If Plural birth _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term Yes 7. Are Parents Married? Yes 8. Date of birth June 22, 1933 (Month, day, year)

9. Full name William Dewey Springs FATHER

18. Full maiden name Elizabeth Allen MOTHER

10. Residence (usual place of abode) (If non-resident, give place and State) South Greenwood S.C.

19. Residence (usual place of abode) (If non-resident, give place and State) So. Greenwood S.C.

11. Color or race white 12. Age at last birthday 23 (years)

20. Color or race white 21. Age at last birthday 19 (years)

13. Birthplace (city or place) (State or country) Spartanburg S.C.

22. Birthplace (city or place) (State or country) Abbeville County

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Textile

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. domestic

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 7 yrs

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work 2 yrs

27. Number of children of this mother (At time of birth and including this child) 1 (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, _____ months _____ weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

Specify any physical deformities of child at birth. no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5:30 A.M. on the date above stated. (Born alive or stillborn)

{ When there was no attending physician }
{ or midwife, then the father, householder, }
{ etc., should make this return. }

(Signed) J. L. Ward, M.D.

or _____, Midwife

Given name added from Dec. 19, 1934
a supplemental report (Date of)

Address Greenwood S.C.

Filed Aug. 7, 1939 Julius Lee
Registrar.