

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. 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 2.

Form 8-6

**(1) PLACE OF BIRTH**  
County of Spartanburg, S.C.  
Township of Spartanburg  
or  
Inc. Town of Spartanburg  
or  
City of Spartanburg  
(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

No. 26143—For this Register  
Registered No. 385  
(For use of Local Registrar)

Registration District No. 40-A Ward 1st  
(No. 1 in 1st Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

**(2) Full Name of Child** Mabel Martha Williams  
(If child has not yet named, make report as directed)

(3) SEX Female (4) Type One (5) Number in One (6) Age Yes (7) DATE OF BIRTH June 16, 1923  
(8) Is born and is a child of Father or Mother

FATHER.		MOTHER.	
(9) FULL NAME <u>Manning K. Williams</u>	(10) NAME BEFORE MARRIAGE <u>Emma Thomas</u>	(11) PRESENT RESIDENCE OF FATHER <u>Spartanburg, S.C.</u>	(12) PRESENT RESIDENCE OF MOTHER <u>Spartanburg, S.C.</u>
(13) COLOR <u>White</u>	(14) COLOR <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>35</u>	(16) AGE AT LAST BIRTHDAY <u>35</u>
(17) BIRTHPLACE <u>Spartanburg, S.C.</u>	(18) BIRTHPLACE <u>Henderson Co - N.C.</u>	(19) OCCUPATION <u>Coal Miner</u>	(20) OCCUPATION <u>House Keeper</u>
(21) Number of children born to mother, including present birth <u>10</u>	(22) Number of children of this mother now living, including present birth <u>9</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**  
(23) I hereby certify that I attended the birth of this child, who was Born alive at 1:19 P.M. on the date above stated.  
(24) (Signature) W. H. E. McIlwain  
(25) State whether Physician or Midwife Physician  
(26) Address of Physician or Midwife Spartanburg, S.C.

Given name M. B. W. - M. D.  
of report  
6/15/23 19 23  
Registrar

(27) Witness James Copes  
(Signature of Witness necessary only when question 23 is signed by mark)  
(28) Date 7-1-23 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.

\*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.