

March 1, 1943 No corres.

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Standard Certificate of Birth

FILE No.—For State Registrar Only

00164

1. PLACE OF BIRTH

County of Clarendon

Township of Manning

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)

Registration District No. 1307 Registered No. (For use of Local Registrar)

(No. St.; Ward)

2. FULL NAME OF CHILD

William Clifton Windham

If child is not yet named, make supplemental report as directed.

3. Boy or Girl <u>Boy</u>	If Plural births	4. Twin, triplet or other.	5. Number, in order of birth	6. Premature..... Full term.....	7. Are Parents Married? <u>Yes</u>	8. Date of birth <u>October 26</u> , 19 <u>16</u> (Month, day, year)
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9. Full name
FATHER
William Harvey Windham

18. Name before marriage
MOTHER
Julia Brunson

10. Residence (mailing address)
(If non-resident, give place and State) Manning, S. C.

19. Residence (mailing address)
(If non-resident, give place and State) Manning, S. C.

11. Color or race White

20. Color or race White

12. Age at child's birth 47 (years)

21. Age at child's birth 37 (years)

13. Birthplace (city or place)
(State or country) South Carolina

22. Birthplace (city or place)
(State or country) South Carolina

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

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.

16. Date (month and year) last engaged in this work

25. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

26. Total time (years) spent in this work

27. Number of children of this mother (At time of birth and including this child) 7 (a) Born alive and now living. 7 (b) Born alive but now dead. (c) Stillborn.

28. If stillborn, period of gestation. (months weeks) 29. Cause of stillbirth. (Before labor. During labor.)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born alive at 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) W. H. Windham Parent
or Guardian

Given name added from a supplementary report. (Date of)

Address.....

Filed March 4, 1943 M. B. Woodward, M.D.
Registrar.

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.)