

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)

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registered No. \_\_\_\_\_  
(For use of Local Registrar)

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

2. FULL NAME OF CHILD William Clifton Windham

3. Boy or Girl Boy 4. Twin, triplet or other. \_\_\_\_\_ 5. Number, in order of birth. \_\_\_\_\_ 6. Premature. \_\_\_\_\_ 7. Are Parents Married? Yes 8. Date of birth October 26, 1916  
(Month, day, year)

9. Full name FATHER William Harvey Windham

18. Name before marriage MOTHER Julia Brunson

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

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

11. Color or race White 12. Age at child's birth 47 (years)

20. Color or race White 21. Age at child's birth 37 (years)

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

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

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 \_\_\_\_\_ 17. Total time (years) \_\_\_\_\_  
spent in this work \_\_\_\_\_

25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) \_\_\_\_\_  
spent in this work \_\_\_\_\_

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

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.

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

(Signed) W. H. Windham, Parent  
or \_\_\_\_\_, Guardian

Address. \_\_\_\_\_  
Filed March 4, 1943 M. B. Woodward, M.D.  
Registrar.

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.)