

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 11.—For this register only

28125

Registration District No. 17.00

Registered No. 49  
(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

Tanner Williams

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

(3) Sex Male (4) Type or Frigate Yes (5) Number to order of birth 30 (6) Age at last birthday 30 (7) DATE Sept 11, 1939 (8) BIRTH 11, 1939(9) FULL NAME Jones Williams (10) PRESENT RESIDENCE OF FATHER Ridgville, S.C. (11) COLOR OR RACE Negro (12) BIRTHPLACE So. Car. (13) OCCUPATION Tanner(14) NAME BEFORE MARRIAGE Daisy Nelson (15) PRESENT RESIDENCE OF MOTHER Ridgville, S.C. (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 32 (18) BIRTHPLACE So. Car. (19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 8 (21) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... alive... 10A... 10A... on the date above stated.(23) (Signature) James P. Smith(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Ridgville

Given name added from a supplemental report

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

(27) DATE Oct 13, 1939 (28) LOCAL REGISTRAR James P. Smith

\*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.