

(1) PLACE OF BIRTH

County of Anderson
Township of Roostville

Inc. Town of _____
or R.F.D. #5 (No. _____ St.; _____ Ward)
City of _____ (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

File No.—For State Registrar Only

9944

Registration District No. 912 Registered No. 7
(For use of Local Registrar)

(2) Full Name of Child

Clara E. Williford

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH Jan. 18 1920
(Same of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Marion James Williford

(9) PRESENT POSTOFFICE OF FATHER

Anderson R.F.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

21
(Years)

(12) BIRTHPLACE

I.C.

(13) OCCUPATION

Farmer

(14) Number of children born to mother, including present birth

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Eliza Carter

(15) PRESENT POSTOFFICE OF MOTHER

Anderson R.F.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

19
(Years)

(18) BIRTHPLACE

I.C.

(19) OCCUPATION

House wife

(21) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was White at _____ M., _____ (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

Physician

(25) Address of Physician or Midwife

Anderson R.F.

Given name added from a supplemental report

101

Registrar

(26) Witness

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

(27) Filed

May 10 1920

(28)

Local Registrar

When there was an 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.

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