

(1) PLACE OF BIRTH

County of Spartanburg
Township of Beets Spring Camp
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
91766

Registration District No. 40-C Registered No. 271
(For use of Local Registrar)

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Roy Williams (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? Twin (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 24 1916
To be answered only in event of Twin or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Albert Williams
(9) PRESENT POSTOFFICE OF FATHER Juman SC
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 50 (Years)
(12) BIRTHPLACE Spartanburg Co SC
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 10

MOTHER.
(14) NAME BEFORE MARRIAGE Alice Evans
(15) PRESENT POSTOFFICE OF MOTHER Juman SC
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 36 (Years)
(18) BIRTHPLACE Sptg Co SC
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:20 am. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Matilda Sobos
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Juman SC

Given name added from a supplemental report

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

(27) Filed Dec 26 1916 (28) E. L. Capen 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.

Form 100-1-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100