

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

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

6353

Registration District No. 34 Registered No. 84

(For use of Local Registrar)

Sl.: 6 Ward)

(2) Full Name of Child

Clifton Lee Williams

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

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

Lelan Williams

(14) NAME BEFORE MARRIAGE

Lilly May Hoover

(9) PRESENT POSTOFFICE OF FATHER

Cadwell

(15) PRESENT POSTOFFICE OF MOTHER

Cadwell

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

21 (Years)

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

16 (Years)

(12) BIRTHPLACE

Mississippi

(18) BIRTHPLACE

Cadwell S.C.

(13) OCCUPATION

Miss Operator

(19) OCCUPATION

Domestic

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

1st

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

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn)

(Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

F. B. CRAYTON

Local Registrar

ANDERSON S.C.

*When there was no attending physician or midwife, then the father, household, 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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