

(1) PLACE OF BIRTH

County of York
 Township of Kemp. Mtn.
 or
 Inc. Town of.....
 or
 City of..... (No. St. Ward)

CERTIFICATE OF BIRTH

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

Registration District No. 44.07Registered No. 118
(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

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

(3) SEX OF CHILD <u>Male</u>	(4) Twin or Triplet To be covered only in case of Twin or Triplet	(5) Number in order of birth <u>2</u>	(6) Age at birth <u>11.4</u>	(7) DATE OF BIRTH <u>Sept 2 1925</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>R. C. Williams</u>		(10) NAME BEFORE MARRIAGE <u>Frances H. Williams</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Rock Hill, S. C.</u>		(11) PRESENT POSTOFFICE OF MOTHER <u>Rock Hill, S. C.</u>		
(12) COLOR OR RACE <u>W</u>	(13) AGE AT LAST BIRTHDAY <u>44</u> (Year)	(14) COLOR OR RACE <u>W</u>	(15) AGE AT LAST BIRTHDAY <u>32</u> (Year)	
(16) BIRTHPLACE <u>Rock Hill, S. C.</u>		(17) BIRTHPLACE <u>Rock Hill, S. C.</u>		
(18) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Farmer</u>		
(20) Number of children born to mother, including present birth <u>2</u>		(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was..... at..... M.
 on the date above stated. (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 mother)

(27) Filed

1925

(28)

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.

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