

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only

40891

County of Anderson

Township of

or
Inc. Town of Williston

or
City of

Registration District No. 314

Registered No. 52
(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 Jillie

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 9, 22</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME V J Williams

(9) PRESENT POSTOFFICE OF FATHER Williston S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 37
(Years)

(12) BIRTHPLACE Anderson County

(13) OCCUPATION Farmer & Millwork

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Ornie Hix

(15) PRESENT POSTOFFICE OF MOTHER Williston S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 30
(Years)

(18) BIRTHPLACE Anderson County

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... Alive... at 6:45 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. R. Snodder

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Plyer S.C.

Given name added from a supplemental report

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

(27) Filed Jan 12, 1923 (28) J. P. Mastin
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.

REPLICATE BLANK FOR EACH CHILD, and mark the

OTHER, No. 2, etc., in question 5.

MICHIGAN OF COLUMBIA, COLUMBIA, S. C.