

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

| (1) PLACE OF BIRTH  |                      | CERTIFICATE OF BIRTH                  |   | File No.—For State Registrar Only                                     |  |
|---|----------------------|---------------------------------------|---|---|--|
| County of <u>Greenwood</u>  |                      | STATE OF SOUTH CAROLINA               |   | 18946   |  |
| Township of <u>11-9-6-1-A.C.</u>  |                      | Bureau of Vital Statistics            |   |   |  |
| Inc. Town of.....   |                      | State Board of Health                 |   |   |  |
| City of.....  |                      | Registration District No.....         |   | Registered No.....  |  |
| (If birth occurs in a hospital or other institution, give name of same instead of street and number.)   |                      | (No. .... St.; .... Ward)             |   | (For use of Local Registrar)  |  |
| (2) Full Name of Child <u>Timothy Williams</u> [If child is not yet named, make supplemental report as directed]  |                      |                                       |   |   |  |
| (3) BOY OR GIRL? <u>Boy</u>   | (4) Twin or Triplet? | (5) Number in order of birth <u>5</u> | (6) Are Parents Married? <u>Yes</u>   | (7) DATE OF BIRTH <u>June 15 1922</u><br>(Name of Month) (Day) (Year) |  |
| FATHER.   |                      |                                       | MOTHER.   |   |  |
| (8) FULL NAME <u>Will Williams</u>  |                      |                                       | (14) NAME BEFORE MARRIAGE <u>Sallie Bell Spearman</u>   |   |  |
| (9) PRESENT POSTOFFICE OF FATHER <u>"96"</u>  |                      |                                       | (15) PRESENT POSTOFFICE OF MOTHER <u>1961 S.C.</u>  |   |  |
| (10) COLOR OR RACE <u>Blk</u>   |                      |                                       | (16) COLOR OR RACE <u>Blk</u>   |   |  |
| (11) AGE AT LAST BIRTHDAY <u>41</u> (Years)   |                      |                                       | (17) AGE AT LAST BIRTHDAY <u>78</u> (Years)   |   |  |
| (12) BIRTHPLACE <u>S.C.</u>   |                      |                                       | (18) BIRTHPLACE <u>S.C.</u>   |   |  |
| (13) OCCUPATION <u>Mill Work</u>  |                      |                                       | (19) OCCUPATION <u>Domestic</u>   |   |  |
| (20) Number of children born to mother, including present birth <u>5</u>  |                      |                                       | (21) Number of children of this mother now living, including present birth <u>5</u>                           |   |  |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*  |                      |                                       |   |   |  |
| (22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>5-9</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)   |                      |                                       |   |   |  |
| (23) (Signature) <u>Melody Boyd</u>   |                      |                                       |   |   |  |
| (24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>1941</u>   |                      |                                       |   |   |  |
| Given name added from a supplemental report   |                      |                                       | (26) Witness <u>W. B. Stewart</u><br>(Signature of Witness necessary only when question 23 is signed by mark) |   |  |
| ..... 19 .....  |                      |                                       | (27) Filed <u>June 15 1922</u> (28) <u>G. L. Flester</u> 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. |                      |                                       |   |   |  |