

(1) PLACE OF BIRTH

County of Charlotte
 Township of Cross
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

1919

Registration District No. 4120 Registered No. 49
 (For use of Local Registrar)

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

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

(2) Full Name of Child

1 SEX OF CHILD <u>Boy</u>	4) Twin or Triplet? To be answered only in event of Twin or Triplet	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>June 21, 1919</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>James Palmer Williams</u>			14) NAME BEFORE MARRIAGE <u>Sallie Hill</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Enoree S.C.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Enoree S.C.</u>	
10) COLOR OR RACE <u>white</u>			16) COLOR OR RACE <u>white</u>	
11) AGE AT LAST BIRTHDAY <u>25</u> (Years)			17) AGE AT LAST BIRTHDAY <u>30</u> (Years)	
12) BIRTHPLACE <u>Laurens Co.</u>			18) BIRTHPLACE <u>Laurens Co.</u>	
13) OCCUPATION <u>Letter Writer</u>			19) OCCUPATION <u>Domestic</u>	
20) Number of children born to mother, including present birth <u>3</u>			21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. D. Hanna
 (24) State whether Physician or Midwife

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

Give name added from a supplemental report

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

(27) Filed June 21, 1919 (28) C. D. Hanna 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.

Registrar

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