

(1) PLACE OF BIRTH

County of Anderson  
Township of Williamston  
or  
Inc. Town of Pelzer  
or  
City of \_\_\_\_\_

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**62962**

Registration District No. 3-D Registered No. 63  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
St.; \_\_\_\_\_ Ward

(2) Full Name of Child Hyman Williams } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet?  (5) Number in order of birth 1st (6) Are Parents Married? Y (7) DATE OF BIRTH June 1 1916  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Hyman Williams

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

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE North Car.

(13) OCCUPATION Mill work

(20) Number of children born to mother, including present birth 1st

**MOTHER.**

(14) NAME BEFORE MARRIAGE Minnie Gambrel

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

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Anderson County

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1st

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) W.R. D. Duddy

(24) State whether Physician or Midwife A.D. (25) Address of Physician or Midwife Pelzer S.C.

Given name added from a supplemental report

..... 191.....

.....  
Registrar

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

(27) Filed July 9 1916 (28) Francis J. Pelzer 3rd 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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REGISTERED MAIL. THIS CERTIFICATE MUST BE REGISTERED IN THE REGISTER OF BIRTHS IN THE OFFICE OF THE REGISTRAR OF BIRTHS, AND MUST BE KEPT IN THE OFFICE OF THE REGISTRAR OF BIRTHS FOR A PERIOD OF FIVE YEARS. IN THE CASE OF DEATHS OR STILLBIRTHS, THIS CERTIFICATE MUST BE REGISTERED IN THE REGISTER OF DEATHS AND MUST BE KEPT IN THE OFFICE OF THE REGISTRAR OF DEATHS FOR A PERIOD OF FIVE YEARS. THIS OFFICE IS IN THE STATE HOUSE, COLUMBIA, S. C.