

MARGIN RESERVED FOR BINDING.

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 5.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Lamar  
Township of Wint  
or  
Inc. Town of Clinton  
or  
City of Clinton  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**73568**

Registration District No. 29<sup>B</sup> Registered No. 78  
(For use of Local Registrar)  
(No. 17 Jefferson St.; 5<sup>th</sup> Ward)  
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Ray Williams

(3) BOY OR GIRL? Boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 27, 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Fred Williams  
(9) PRESENT POSTOFFICE OF FATHER Clinton SC  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24  
(Years)  
(12) BIRTHPLACE Richmond Va  
(13) OCCUPATION Fix boots  
(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Nora Dellus  
(15) PRESENT POSTOFFICE OF MOTHER Clinton SC  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22  
(Years)  
(18) BIRTHPLACE Asheville N.C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Nora Williams

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Clinton SC

Given name added from a supplemental report

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

(27) Filed Sep 5 1916 (28) J. L. W. Bailey  
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.