

(1) PLACE OF BIRTH

County of Anderson

Township of

or Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

71203

Registration District No. 04 Registered No. 303

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

Robert 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

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Aug. 29, 1916

To be answered only in event of Twins or Triplets

(Name or Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Williams

(9) PRESENT POSTOFFICE OF FATHER

Anderson

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

42

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Furniture

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

15

MOTHER.

(14) NAME BEFORE MARRIAGE

Lula White

(15) PRESENT POSTOFFICE OF MOTHER

Anderson

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

40

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) G. B. Fairman

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filled 191..... (28) G. B. Fairman 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.

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.

When plainly visible, the name of the father, mother, and child, and the date of birth, should be written on the certificate. FIRST-BORN, NO. 1. THE OTHERS, NO. 2, etc., in questions 6, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.