

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.

(1) PLACE OF BIRTH

County of Greenville
 Township of Walnut Grove
 or
 Inc. Town of
 or
 City of Ware Shoals

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

File No.—For State Registrar Only

4510

Registration District No. 234

Registered No. 9
 (For use of Local Registrar)

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

(2) Full Name of Child Floyd Calvin Williams (supplemental report as directed)

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH: 19... (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	<u>Lemard Williams</u>	(14) NAME BEFORE MARRIAGE	<u>Mary Slaughter</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Ware Shoals</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Ware Shoals</u>
(10) COLOR OR RACE	<u>W</u>	(16) COLOR OR RACE	<u>W</u>
(11) AGE AT LAST BIRTHDAY	<u>28</u> (Year)	(17) AGE AT LAST BIRTHDAY	<u>24</u> (Year)
(12) BIRTHPLACE	<u>NC</u>	(18) BIRTHPLACE	<u>Greenville Co</u>
(13) OCCUPATION	<u>Cotton Mill</u>	(19) OCCUPATION	<u>housewife</u>
(20) Number of children born to mother, including present birth	<u>2</u>	(21) Number of children of this mother now living, including present birth	<u>2</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife (25) Address of Physician or Midwife Ware Shoals

Given name added from a supplemental report (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed Mar 8 1922 (28) [Signature] 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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MEANS OF COLUMBIA, COLUMBIA S. C.