

## (1) PLACE OF BIRTH

County of Greenville

Township of Paris St

or  
Loc. Town ofor  
City of

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

## 2) Full Name of Child

(3) BOY OR  
GIRL?

Boy

(4) Twin  
or Triplet?(5) Number in  
order of birth

To be answered only in case of Twins or Triplets

(6) Are  
Parents  
Married?

Yes

(7) DATE OF  
BIRTH

(Name of Month) (Day) (Year)

MOTHER.

(14) NAME BEFORE  
MARRIAGE

Ethel May Williams

(15) PRESENT  
POSTOFFICE  
OF MOTHER

Same

(16) COLOR  
OR  
RACE

Black

(17) AGE AT LAST  
BIRTHDAY

(Years)

(18) BIRTHPLACE

ANDERSON CO. S.C.

(19) OCCUPATION

At Home

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

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

M.D.

(25) Address of Physician or Midwife  
Travellers Rest, S.C.Given name added from a supplement-  
tal report

Registrar

(26) Witness

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

(27) Filed 9 1915

(28) John B. Hester  
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

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.