

MARGIN RESERVED FOR BINDING  
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. E.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.  
 (See instructions on Back of Certificate)

<b>1. PLACE OF BIRTH</b> County of <u>York</u> Township of <u>Catawba</u> or Inc. Town of _____ or City of _____ (No. _____ St.; _____ Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number)				<b>Standard Certificate of Birth</b> <b>STATE OF SOUTH CAROLINA</b> Bureau of Vital Statistics State Board of Health		<b>FILE No.—For State Registrar Only</b> <div style="border: 1px solid black; padding: 5px; font-size: 1.2em;">22 050144</div>	
<b>2. FULL NAME OF CHILD</b> <u>Mary Alberta Williford</u>				Registration District No. _____ Registered No. _____ (For use of Local Registrar)			
3. Boy or Girl <u>Girl</u>	If Plural births _____	4. Twin, triplet or other _____	5. Number, in order of birth <u>1</u>	6. Premature _____	7. Are Parents Married? <u>Yes</u>	8. Date of birth <u>May 22</u> , 19 <u>22</u> (Month, day, year)	If child is not yet named, make supplemental report as directed.
<b>9. Full name FATHER</b> <u>James Thomas Williford</u>				<b>18. Name before marriage MOTHER</b> <u>ANNIE Garrison</u>			
<b>10. Residence (mailing address)</b> <u>Rt. 2, Rock Hill,</u> (If non-resident, give place and State)				<b>19. Residence (mailing address)</b> <u>Rt. 2, Rock Hill, S.C.</u> (If non-resident, give place and State)			
<b>11. Color or race</b> <u>White</u>		<b>12. Age at last birthday</b> <u>42</u> (Years)		<b>20. Color or race</b> <u>White</u>		<b>21. Age at last birthday</b> <u>42</u> (Years)	
<b>13. Birthplace (city or place)</b> <u>Rock Hill, S.C.</u> (State or country)				<b>22. Birthplace (city or place)</b> <u>Fort Mill, S.C.</u> (State or country)			
<b>OCCUPATION</b> <b>14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b> <u>Farmer</u> <b>15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.</b> _____ <b>16. Date (month and year) last engaged in this work</b> _____, 19____				<b>OCCUPATION</b> <b>23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.</b> <u>Housewife</u> <b>24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.</b> _____ <b>25. Date (month and year) last engaged in this work</b> _____, 19____			
<b>27. Number of children of this mother</b> (At time of birth and including this child) (a) Born alive and now living <u>4</u> (b) Born alive but now dead _____ (c) Stillborn _____							
<b>28. If stillborn,</b> period of gestation _____ months _____ weeks				<b>29. Cause of stillbirth</b> _____ (Before labor _____ During labor _____)			


### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

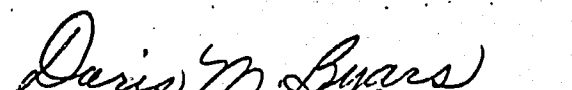
I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
 (Born alive or stillborn)  
 (When there was no attending physician or midwife, then the father, householder, etc., should make this return.)  
 (Signed) J.T. Williford (father), M.D.  
 or \_\_\_\_\_, Midwife.  
 Address Rock Hill, S.C.  
 Filed March 5, 1943 M.B. Woodward, M.D., Registrar.

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

E. KENNETH AYCOCK, M.D., M.P.H., COMMISSIONER  
 J. MARION SIMS BUILDING — 2600 BULL STREET  
 COLUMBIA, SOUTH CAROLINA 29201

"I hereby certify this to be a true transcript of information contained on the record filed for this individual."

  
 Commissioner and State Registrar

  
 Assistant State Registrar