

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)

1. PLACE OF BIRTH		Standard Certificate of Birth STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health				FILE No.—For State Registrar Only 22 050144	
County of.....York.....							
Township of.....Catawba.....		Registration District No.....		Registered No.....		(For use of Local Registrar)	
or Inc. Town of.....		City of.....		(No.....St.;.....Ward)		If child is not yet named, make supplemental report as directed.	
2. FULL NAME OF CHILD.....		Mary Alberta Williford					
3. Boy or Girl Girl	If Plural births	4. Twin, triplet or other.....	5. Number, in order of birth.....	6. Premature.....	7. Are Parents Married?.....	8. Date of birth.....	19.....
9. Full name James Thomas Williford		FATHER		18. Name before marriage ANNIE Garrison		MOTHER	
10. Residence (mailing address) (If non-resident, give place and State).....		Rt. 2, Rock Hill,		19. Residence (mailing address) (If non-resident, give place and State).....		Rt. 2, Rock Hill, S.C.	
11. Color or race.....		White		12. Age at last birthday.....		42 (Years)	
13. Birthplace (city or place) (State or country)		Rock Hill, S.C.		20. Color or race.....		White	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....		Farmer		21. Age at last birthday.....		42 (Years)	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.....		16. Date (month and year) last engaged in this work.....		17. Total time (years) spent in this work.....		22. Birthplace (city or place) (State or country)	
18. Date (month and year) last engaged in this work.....		19.....		23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.....		Housewife	
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.....		25. Date (month and year) last engaged in this work.....		26. Total time (years) spent in this work.....		19.....	
27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living.....		4		(b) Born alive but now dead.....		(c) Stillborn.....	
28. If stillborn, period of gestation.....		months weeks		29. Cause of stillbirth.....		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.

Given name added from....., Midwife.
 a supplementary report.....
 (Date of).....

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."

E. Kenneth Aycock, M.D.
 Commissioner and State Registrar

Doris M. Myers
 Assistant State Registrar