

3/4/44

no correct

Free

air

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD—

N. B.—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.

MARGIN RESERVED FOR BINDING

(See instructions on Back of Certificate.)

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of Richland

Township of

or

Inc. Town of

or

City of Columbia, S. C.

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 38-0

22 049367

FILE No.—For State Registrar Only

00586

Registered No.

(For use of Local Registrar)

(No. 1214 Taylor 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 James Coleman Williams

{ If child is not yet named, make supplemental report as directed.

3. Boy or Girl

Boy

If Plural

births

4. Twins, triplets or other.....

5. Number, in order of birth.....

6. Premature.....

Full term.....

7. Are Parents

Married? Yes

8. Date of

birth.....

Oct. 2

(Month, day, year)

19.. 22

9. Full name

FATHER

Claude C. Williams

10. Residence (mailing address)

(If non-resident, give place and State) Columbia, S.C.11. Color or race W12. Age at child's birth 28 (years)

13. Birthplace (city or place)

(State or country) Indianapolis, Ind.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Bus Driver

15. Industry or business in which work done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work

19.....

17. Total time (years) spent in this work.....

OCCUPATION

18. Name before marriage

MOTHER

Lillian Hayes

19. Residence (mailing address)

(If non-resident, give place and State) Columbia, S.C.20. Color or race W21. Age at child's birth 26 (years)

22. Birthplace (city or place)

(State or country) Blaney, S. C.

23. Trade, profession, or particular kind of work done, as housekeeper, 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

19.....

26. Total time (years) spent in this work.....

27. Number of children of this mother

(At time of birth and including this child 2 (a) Born alive and now living..... 2 (b) Born alive but now dead..... 0 (c) Stillborn..... 0

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 to the birth of this child, who was born at 7 A.m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder etc., should make this return.

Given name added from

a supplementary report.....

(Date of)

Registrar.

(Signed) Lillian Hayes Williams

or.....

Guardian

Address RT 2 Box 366 West Columbia S.C.Filed Mar. 6, 19.. 44 A. A. Rain, M.D.

Registrar.