

3/4/44

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

22 049367

no copies

Free
air

MARGIN RESERVED FOR BINDING
 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.
 (See instructions on Back of Certificate.)

1. PLACE OF BIRTH
 County of Richland
 Township of
 or
 Inc. Town of
 or
 City of Columbia, S. C. (No. 1214 Taylor St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 38-0 Registered No.

(For use of Local Registrar)

FILE No.—For State Registrar Only

00586

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..... 19 22 (Month, day, year)
------------------------------	------------------	----------------------------------	-----------------------------------	-------------------------------------	------------------------------------	---

9. Full name FATHER <u>Claude C. Williams</u>	18. Name before marriage MOTHER <u>Lillian Hayes</u>
--	---

10. Residence (mailing address) (If non-resident, give place and State) <u>Columbia, S. C.</u>	19. Residence (mailing address) (If non-resident, give place and State) <u>Columbia, S. C.</u>
---	---

11. Color or race <u>W</u>	12. Age at child's birth <u>28</u> (years)	20. Color or race <u>W</u>	21. Age at child's birth <u>26</u> (years)
----------------------------	--	----------------------------	--

13. Birthplace (city or place) (State or country) <u>Indianapolis, Ind.</u>	22. Birthplace (city or place) (State or country) <u>Blaney, S. C.</u>
--	---

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Bus Driver</u>	23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housewife</u>
--	--

15. Industry or business in which work done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
---	---

16. Date (month and year) last engaged in this work, 19.....	17. Total time (years) spent in this work.....	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..... (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 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.