

3/9/42

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 <u>Richland</u> Township of _____ or Inc. Town of <u>Columbia</u> or City of <u>S.C.</u>		Standard Certificate of Birth STATE OF SOUTH CAROLINA Registration District No. <u>38-a</u> (No. <u>2007 Forest Dr.</u> St.; _____ Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number)		FILE No.—For State Registrar Only 02302	
2. FULL NAME OF CHILD <u>Carl Brooks Williams</u> (If child is not yet named, make supplemental report as directed.)					
3. Boy or Girl <u>Boy</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>June 9</u> 19 <u>42</u> (Month, day, year)					
9. Full name FATHER <u>Jim Brooks Williams</u>			18. Name before marriage MOTHER <u>Farris Neely</u>		
10. Residence (mailing address) (If non-resident, give place and State) <u>2109 Forest Dr.</u>			19. Residence (mailing address) (If non-resident, give place and State) <u>5109 Forest Dr.</u>		
11. Color or race <u>White</u>		12. Age at child's birth <u>22</u> (years)		20. Color or race <u>White</u>	
13. Birthplace (city or place) (State or country) <u>Columbia S.C.</u>		21. Age at child's birth <u>28</u> (years)		22. Birthplace (city or place) (State or country) <u>Columbia S.C.</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>House constr.</u>		16. Date (month and year) last engaged in this work _____ 19____	
17. Total time (years) spent in this work _____		18. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housekeeper</u>		19. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>	
20. Date (month and year) last engaged in this work _____ 19____		21. Total time (years) spent in this work _____		22. Date (month and year) last engaged in this work _____ 19____	
23. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead _____ (c) Stillborn _____					
24. If stillborn, period of gestation _____ months _____ weeks		25. Cause of stillbirth <u>normal</u>		26. Before labor _____ During labor _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify to the birth of this child, who was <u>alive</u> at <u>5 P.</u> 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) <u>J.B. Williams</u> , Parent		
Given name added from a supplementary report _____ (Date of) _____			or _____ Guardian		
Address <u>2608 Forest Dr.</u>			Filed <u>Mo. 11</u> , 19 <u>42</u> <u>M.B. Woodward, M.D.</u>		
Registrar <u>Midwife Dead</u>			Registrar _____		