

Form No. 1

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Antietam
 OF
 Inc. Town of
 OF
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only
21150

Registration District No. 2200 Registered No. 93
 (For use of Local Registrar)

(2) Full Name of Child William Williams If child is not yet named, make supplemental report as directed

1. BOY OR GIRL? <u>13</u>	2. Twin or Triplet? To be answered only in event of Twins or Triplets	3. Number in order of birth	4. Are Parents Married? <u>no</u>	5. DATE OF BIRTH <u>July 8</u> 19 <u>28</u> (Month of birth) (Day) (Year)
FATHER.			MOTHER.	
6. FULL NAME <u>Wm. Williams</u>			14. NAME BEFORE MARRIAGE <u>Mrs. Williams</u>	
7. PRESENT POSTOFFICE OF FATHER <u>Spartanburg</u>			15. PRESENT POSTOFFICE OF MOTHER <u>Spartanburg</u>	
10. COLOR OR RACE <u>B</u>	11. AGE AT LAST BIRTHDAY <u>43</u> (Years)	16. COLOR OR RACE <u>B</u>	17. AGE AT LAST BIRTHDAY <u>23</u> (Years)	
12. BIRTHPLACE <u>S.C.</u>			18. BIRTHPLACE <u>S.C.</u>	
13. OCCUPATION <u>Cloth</u>			19. OCCUPATION <u>Teacher & Housewife</u>	
20. Number of children born to mother, including present birth <u>1</u>			21. Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 P. M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Alvin B. Bate
 (24) State whether Physician or Midwife Physician or Midwife

(Given name added from a supplemental report)

(25) Witness L. L. Richardson
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Aug. 3 1928 (28) L. L. Richardson Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

REPRODUCED FROM A SEPARATE BLANK FOR F-10 C-1000, and mark the FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 3

Secord of Columbia, Columbia, S. C.