(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
42921

County of Greenville

Township of [illegible]
or
Incorporated Town of [illegible]
or
City of

Registration District No. 23 A Registered No. 481
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (No. 108 Stone St. Ward)

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

(3) BOY OR GIRL?	(4) Twin or Triplet? (Is to be answered only in event of twins or triplets)	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month)	(Day)	(Year)
Boy			Yes	Dec.	16	15

FATHER.

(8) FULL NAME John M. Williams Jr.

(9) PRESENT POSTOFFICE OF FATHER [illegible]

(10) COLOR OR RACE W

(11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE 96 SC

(13) OCCUPATION Truck man Ry.

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Willie E Sheely

(15) PRESENT POSTOFFICE OF MOTHER 108 St. Clair St

(16) COLOR OR RACE W

(17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Lexington Co. S C

(19) OCCUPATION Woman keeper

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was liv at 1.40 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. M. Wallace

(24) State whether Physician or Midwife: M D

(25) Address of Physician or Midwife: 08½ W. Coffee

Given name added from a supplemental report ....., 191....

.....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 8 1916 (28) C. E. Smith
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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
McCaw, of Columbia.

*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.