

I hereby certify that this a copy of birth certificate on file with bureau of Vital Statistics in Columbia, S.C.

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 Greenwood,  
Township of Greenwood,  
or  
Inc. Town of \_\_\_\_\_  
or  
City of Greenwood, S.C.  
(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

F 23 046595 only

Registration District No. 23-a Registered No. \_\_\_\_\_  
(For use of Local Registrar)

(No. Lowell, St.; \_\_\_\_\_ Ward)

2. FULL NAME OF CHILD William Marion Gardner  
(If child is not yet named, make supplemental report as directed.)

3. Boy or Girl Boy If Plural births xxxxx 4. Twin, triple, or other xxxxx 5. Number, in order of birth xxxxx 6. Premature yes 7. Are Parents Married? yes 8. Date of birth Sept 17, 1923  
(Month, day, year)

9. Full name FATHER William Clester Gardner

18. Name before marriage MOTHER Janette Clyde Underwood

10. Residence (mailing address) Greenwood, S.C.  
(If non-resident, give place and State)

19. Residence (mailing address) Greenwood, S.C.  
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 26 (Years)

20. Color or race W 21. Age at last birthday 26 (Years)

13. Birthplace (city or place) York Co. S.C.  
(State or country)

22. Birthplace (city or place) Clay Co. Ga.  
(State or country)

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

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Textile

15. Industry or business in which work was 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 \_\_\_\_\_ 17. Total time (years) spent in this work 12

25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work 12

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, \_\_\_\_\_ months \_\_\_\_\_ weeks 29. Cause of stillbirth xxxxx Before xxxxxx During labor \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 10 A. on the date above stated.  
(Be alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at \_\_\_\_\_ M. on above date neosilvol  
(Name of Prophylactic)

Cleft Palate xxx Hare Lip xxx Other Deformities none (Specify)

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

(Signed) J. M. Jaree, M.D.

or \_\_\_\_\_ Midwife.

Address Greenwood, S.C.

Filed June 26, 1940 Dr. M. B. Woodward  
Registrar.

Given name added from \_\_\_\_\_  
a supplementary report \_\_\_\_\_  
(Date of)

Registrar.