

(1) PLACE OF BIRTH

County of Greenville, S.C.Township of WInc. Town of WCity of W

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

(No. 200 Towns)

NOT GIVEN

Registration District No. 224Registered No. 58
(For use of Local Registrar)

(2) Full Name of Child

| | | | | |
|------------------|--------------------|------------------------------|---------------------------|-------------------|
| (3) SEX OR CHILD | (4) Type or Triple | (5) Number in order of birth | (6) Age of child at birth | (7) Date of birth |
| Girl | | | Yes | 2/10/28 |

FATHER.

(8) FULL NAME R. E. Williams

(9) PRESENT POSTOFFICE OF FATHER Greenville, S.C.

(10) COLOR OR RACE W

(11) AGE AT LAST BIRTHDAY 24

(12) BIRTHPLACE Madison Co. Ga.

(13) OCCUPATION Merchant

(14) Number of children born to mother, including present birth One

MOTHER.

(15) NAME BEFORE MARRIAGE Albertine Frey

(16) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.

(17) COLOR OR RACE W

(18) AGE AT LAST BIRTHDAY 20

(19) BIRTHPLACE Madison Ga.

(20) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 12:50 A.M. on the date above stated.(23) (Signature) Alma S. Pack

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Witness (Signature of Witness necessary only when question 22 is signed by parent)

(27) Date Feb 16, 1928

(28) Local Registrar

(29) When this report is made, the mother, father, or other person, should make this return.

(30) If an error is made, the report is voided of all effect.