

CERTIFICATE OF BIRTH

See State Register for

(1) PLACE OF BIRTH

County of RutherfordTownship of Inc. Town of or
City of Craigor
Only 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 Register

37380

Registration District No. 38Registered No. 920

(For use of Local Registrar)

(No. 1013 Whaley St.)

St. Ward)

(2) Full Name of Child. Vance Robert Lee Williams

{ If child is not yet named, make supplemental report as directed

(3) BOY OR
GIRL? girlTwin
or Triplet? \(4) Number in
order of birth 1(5) Are
Parents
Married Yes(6) DATE OF
BIRTH Nov 22, 1947
(Name of Month) (Day) (Year)

FATHER.

MOTHER

(10) FULL
NAME Harold Edward WilliamsMary Elvira Parker(11) PRESENT
POSTOFFICE
OF FATHER Cole SCCole SC(12) COLOR
OR
RACE W.(13) AGE AT LAST
BIRTHDAY 27
(Years)(14) COLOR
OR
RACE W.
(15) AGE AT LAST
BIRTHDAY 27
(Years)(16) BIRTHPLACE SCSC

(17) OCCUPATION

Merchant.(18) Number of children born to
mother, including present birth 33

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive at 6 a.m. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) W. W. Parker MD

(22) State whether Physician or Midwife (23) Address of Physician or Midwife

Given name added from a supplemental report

..... 101.....

(24) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(25) Filed 12/6/1947 (26) Reg. S.C. (27) 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.

Leave one week month or year