

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

7503

Registration District No. 280

Registered No. 16

(For use of Local Registrar)

(No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Steve Clyburn Williams If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Feb 9, 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Steve Clyburn Williams(9) PRESENT POSTOFFICE OF FATHER Lancaster S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 35  
(Years)(12) BIRTHPLACE Lancaster S.C.(13) OCCUPATION Civil Engineer(20) Number of children born to mother, including present birth One

## MOTHER.

(14) NAME BEFORE MARRIAGE Marie Leah Roddey(15) PRESENT POSTOFFICE OF MOTHER Lancaster S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 28  
(Years)(18) BIRTHPLACE Lancaster S.C.(19) 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 born alive at 6 P.M. on the date above stated. (Born alive or stillborn Hour A. M. or P. M.)(23) (Signature) Neale S. Stewart

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary when question 23 is signed by mother)

(27) Filed 3-30213

(28)

Local Registrar.

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Registrar

\*When there was no attending physician or midwife, then the father, householders, 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.