

(1) PLACE OF BIRTH

County of OrangeTownship of FloridaInc. Town of Ames

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 35BRegistered No. 11
(For use of Local Registrar)(2) Full Name of Child William

If child is not yet named, name

SEX <u>Male</u>	AGE <u>2</u> Years	DATE OF BIRTH <u>Oct 10</u>	TIME <u>10:30</u>
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FATHER <u>W. Williams</u>	MOTHER <u>Marie Williams</u>
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