

WRITE PLAINLY, WITH INK, IN ENGLISH, IN CAPITALS, IN A PLAIN, SIMPLE, RECOMMENDED FONT. In case of twins or triplets, use a separate line for each child, and mark the first-born, second-born, etc. in question 2.

(1) PLACE OF BIRTH

County of York
Township of Summerville
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

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

Registration District No. 2901

File No.—For State Registrar Only

19454

Registered No. 66
(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 Est. Ephraim Williams

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH June 13, 1945
Name of Month (Day) (Year)

FATHER.

(8) FULL NAME Est. Ephraim Williams
(9) PRESENT POSTOFFICE OF FATHER Summerville, S.C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Summerville, S.C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Maddie Lou Williams
(15) PRESENT POSTOFFICE OF MOTHER Summerville, S.C.
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 18 (Years)
(18) BIRTHPLACE Summerville, S.C.
(19) OCCUPATION Farmer
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at Summerville, S.C. on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)

(23) (Signature) Maddie Lou Williams

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Summerville, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) June 21, 1945 (28) Mr. R. H. Williams Local Registrar

*If there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.