

2/4/43

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

1. PLACE OF BIRTH		Standard Certificate of Birth		FILE No.—For State Registrar Only	
County of <u>York</u>		STATE OF SOUTH CAROLINA		01193	
Township of <u>Heatawba</u>		Registration District No. <u>4404</u>		Registered No. _____	
or Inc. Town of _____		St. _____		Ward _____	
or City of _____		(No. _____)		(If child is not yet named, make supplemental report as directed.)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number)		2. FULL NAME OF CHILD <u>Mary Alberta Williford</u>			
3. Boy or Girl	If Plural births	4. Twin, triplet or other	5. Number, in order of birth	6. Premature	7. Are Parents Married? <u>yes</u>
				8. Date of birth <u>6/22</u>	19 <u>22</u>
9. Full name <u>FATHER James Thomas Williford</u>		18. Name before marriage <u>MOTHER Annie Garrison</u>			
10. Residence (mailing address) <u>Rt 7, Rock Hill, S.C.</u>		19. Residence (mailing address) <u>Rt 2, Rock Hill, S.C.</u>			
(If non-resident, give place and State)					
11. Color or race <u>white</u>	12. Age at child's birth <u>42</u> (years)	20. Color or race <u>white</u>	21. Age at child's birth <u>42</u> (years)		
13. Birthplace (city or place) <u>Rock Hill, S.C.</u>	22. Birthplace (city or place) <u>Rock Hill, S.C.</u>				
(State or country)	(State or country)				
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>				
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.				
16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work		
19		19			
27. Number of children of this mother (At time of birth and including this child) (a) Born alive, and now living <u>4</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>0</u>					
28. If stillborn, period of gestation _____		months _____	weeks _____	29. Cause of stillbirth _____	
				Before labor _____	
				During labor _____	

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplementary report \_\_\_\_\_ (Date of) \_\_\_\_\_

(Signed) J. T. Williford, Parent

or \_\_\_\_\_ Guardian

Address Rock Hill, S.C.

Filed 3-5 1943 M. B. Woodward, MD  
Registrar

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