

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

County of York
 Township of Hatawba
 or
 Inc. Town of _____
 or
 City of _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

FILE No.—For State Registrar Only

01193

Registration District No. 4404 Registered No. _____
 (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

Mary Alberta Willford (If child is not yet named, make supplemental report as directed.)

3. Boy or Girl Girl 4. Twin, triplet or other _____ 5. Number, in order of birth _____
 6. Premature _____ 7. Are Parents Married? yes 8. Date of birth 6/22 1942
 (Month, day, year)

9. Full name FATHER James Thomas Willford

18. Name before marriage MOTHER Annie Garrison

10. Residence (mailing address) RT 2, Rock Hill, S.C.
 (If non-resident, give place and State)

19. Residence (mailing address) Rock Hill, S.C.
 (If non-resident, give place and State)

11. Color or race white 12. Age at child's birth 42 (years)

20. Color or race white 21. Age at child's birth 42 (years)

13. Birthplace (city or place) Rock Hill, S.C.
 (State or country) S.C.

22. Birthplace (city or place) Rock Hill, S.C.
 (State or country) S.C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

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) _____
 19 _____ spent in this work _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) _____
 19 _____ spent in this work _____

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn 0

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. Willford, Parent

or _____ Guardian

Address Rock Hill, S.C.

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

Registrar 3/4