

(1) PLACE OF BIRTH

County of Bamberg

Township of Bamberg

or  
Inc. Town of .....

or  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

63093

Registration District No. 400 Registered No. 62

(For use of Local Registrar)

(2) Full Name of Child. Willardell Korum  
WILLIE DELL KORUM If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH June 4, 1914  
(Name of Month) (Day) (Year)

### FATHER.

(8) FULL NAME Stewart Williams

(9) PRESENT POSTOFFICE OF FATHER DENMARK, S. C.

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE Bamberg

(13) OCCUPATION Barman

(20) Number of children born to mother, including present birth 1

### MOTHER.

(14) NAME BEFORE MARRIAGE Marion Korum

(15) PRESENT POSTOFFICE OF MOTHER DENMARK, S. C.

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Bamberg

(19) OCCUPATION Barman

(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 at 5:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rose Kelly

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife DENMARK, S. C.

Given name added from a supplemental report

(26) Witness E. H. Higmore (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 7/6 1914 (28) John Coover Local Registrar.

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

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FORM NO. 2 MARGIN RESERVED FOR INDEXING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCAY, of Columbia

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