

Form No 1.

## (1) PLACE OF BIRTH

County of DillonTownship of Hillsboroor  
Inc. Town of Lakeviewor  
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

64071

Registration District No. 1603 Registered No. 91

(For use of Local Registrar)

St.: .....

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

(2) Full Name of Child Mary Ball Williams(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 15 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John Willis Williams(9) PRESENT POSTOFFICE OF FATHER Lakeview, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Columbus co, N.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Walters(15) PRESENT POSTOFFICE OF MOTHER Lakeview, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(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 Alive at 4 O'clock A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) None

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

not other

Given name added from a supplemental report

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

(27) Filed July 11 1916 (28) N. N. S. Ellis 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.

MARGIN REMOVED FOR FILING. THIS IS A PERMANENT RECORD. WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. McCaw, of Columbia.