

NOTE—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.

## (1) PLACE OF BIRTH

County of Sumter  
 Township of Providence  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

83665

Registration District No. 4105 Registered No. 136  
 (For use of Local Registrar)

(No. Keith 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 Willie 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 No (6) Are Parents Married? No (7) DATE OF BIRTH Oct 19 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Maze Williams

(9) PRESENT POSTOFFICE OF FATHER Providence S.C.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 19 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Estell Keith

(15) PRESENT POSTOFFICE OF MOTHER Providence S.C.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(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 7 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

M.B. Woodward M.D. (23) (Signature) Julia Parker  
att'd 5/1/43 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife Providence S.C.

Given name added from a supplemental report

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

(27) Filed Oct 28 1916 (28) B. McLaughlin  
 Registrar 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.