

(1) PLACE OF BIRTH  
 County of Lee  
 Township of Mt. Olive  
 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  
**90726**

Registration District No. 3004 Registered No. 97  
 (For use of Local Registrar)  
 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 William Samuel } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? ..... (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 3, 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Robert Samuel  
 (9) PRESENT POSTOFFICE OF FATHER Wesley  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25 (Years)  
 (12) BIRTHPLACE SO  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth } 2

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Abigail Henry  
 (15) PRESENT POSTOFFICE OF MOTHER Wesley  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Years)  
 (18) BIRTHPLACE SO  
 (19) OCCUPATION House Wife  
 (21) Number of children of this mother now living, including present birth } 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Born alive at Lee Co. M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) J. M. Smith  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Elliott

Given name added from a supplemental report  
 ..... 191.....  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
Dec 10, 1916. (27) J. M. Smith 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCaw, of Columbia.

REPRODUCED FROM ORIGINALS FOR BIDDING. THIS IS A PRELIMINARY REPORT.