

## (1) PLACE OF BIRTH

County of RichTownship of Mt. Ellis

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

90726

Registration District No. 3004Registered No. 97

(For use of Local Registrar)

## (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?

To be answered only in event of Twins or Triplets

(5) Number in order of birth 2

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec. 3, 1916

(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

SC

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) FILED

Dec 10, 1916

(28)

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.