

(1) PLACE OF BIRTH Edgelyfield  
 County of Richmond  
 Township of Richmond  
 or  
 Inc. Town of ..... Registration District No. 1808 Registered No. 3  
 or  
 City of ..... (No. ....) St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only  
**72543**

(2) Full Name of Child Joseph Williams { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? Twin (5) Number in order of birth 1st (6) Are Parents Married? Y (7) DATE OF BIRTH Aug. 6, 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Jim Williams  
 (9) PRESENT POSTOFFICE OF FATHER Edgelyfield S.C.  
 (10) COLOR OR RACE N (11) AGE AT LAST BIRTHDAY 40  
 (12) BIRTHPLACE Edgelyfield  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 2

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Lucy Burroughs  
 (15) PRESENT POSTOFFICE OF MOTHER Edgelyfield  
 (16) COLOR OR RACE N (17) AGE AT LAST BIRTHDAY 32  
 (18) BIRTHPLACE Edgelyfield  
 (19) OCCUPATION Home duties  
 (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 Alive at 5 A. on the date above stated. (23) (Signature) A. H. Nicholson, M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Edgelyfield S.C.

Given name added from a supplemental report  
 \_\_\_\_\_, 191\_\_\_\_\_  
 \_\_\_\_\_  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Aug 8 1916 (28) J. A. Zimmerman 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.