

(1) PLACE OF BIRTH  
 County of Franklin  
 Township of Estill  
 or  
 Inc. Town of .....  
 or  
 City of Estill S.C.  
 (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  
**64714**

Registration District No. 2400 Registered No. 14  
 (For use of Local Registrar)  
 Sl. .... Ward .....

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

(3) ~~NOT~~ GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH June 18 1916  
 (Name of Month) (Day) (Year)

FATHER  
 (8) FULL NAME Richard Williams

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

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Estill S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth { 6 .....

MOTHER  
 (14) NAME BEFORE MARRIAGE Aggie Drayton

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

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Estill S.C.

(19) OCCUPATION House Wife

(21) Number of children of this mother now living, including present birth { 4 .....

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

(22) I hereby certify that I attended the birth of this child, who was born at Estill S.C. on the date above stated. (Hour A.M. or P.M.)

(23) (Signature) Charles Drayton

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Estill S.C.

Given name added from a supplemental report

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

(27) Filed 6-29 1916 (28) H.E. Dickerson 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—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