

(1) PLACE OF BIRTH
 County of Hampton
 Township of Edisto

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only
 64714

Inc. Town of Registration District No. 2400 Registered No. 14
 or (For use of Local Registrar)
 City of Estill S.C. (No. Sl.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(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 19 1916
(To be answered only in case of Twins or Triplets) (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Richard Williams

MOTHER.
 (14) NAME BEFORE MARRIAGE Aggie Drayton

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

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

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

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

(12) BIRTHPLACE Estill S.C.

(18) BIRTHPLACE Estill S.C.

(13) OCCUPATION Farming

(19) OCCUPATION Home Wife

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

(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. at 3:00 P. M. on the date above stated. (Born or still born) (Hour, M. or P. M.)

(23) (Signature) Aggie 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. WHEN UNFOLDING 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