

Form No. 10.

MARGIN RESERVED FOR BINDING.

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.

State of Columbia.

## (1) PLACE OF BIRTH

County of LeeTownship of Mechanicsville

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

77951

Registration District No. 300.3 Registered No. 46

(For use of Local Registrar)

(2) Full Name of Child Jessie Williams { If child is not yet named, make supplemental report as directed(3) BOY OR  
GIRL(4) Twin  
or Triplet? One

To be answered only in case of Twins or Triplets

(5) Number in  
order of birth One(6) Are  
Parents  
Married? Yes(7) DATE OF  
BIRTH Aug. 17, 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME Frank Williams(9) PRESENT  
POSTOFFICE  
OF FATHER Bishopville S.C.(10) COLOR  
OR  
RACE Caucasian(11) AGE AT LAST  
BIRTHDAY 22  
(Years)

(12) BIRTHPLACE

Lee Co. S.C.

(13) OCCUPATION

Farm Hand(20) Number of children born to  
mother, including present birth1 2

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Bessie Reames(15) PRESENT  
POSTOFFICE  
OF MOTHER Bishopville S.C.(16) COLOR  
OR  
RACE Caucasian(17) AGE AT LAST  
BIRTHDAY 20  
(Years)

(18) BIRTHPLACE

Lee Co. S.C.

(19) OCCUPATION

Housewife(21) Number of children of this mother  
now living, including present birth2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 1:00 M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Franklin

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

midwife Bishopville S.C.Given name added from a supplement-  
tal report

....., 191.....

.....  
Registrar

(26) Witness

C. P. Baker  
(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed 9/20

.....1916

(28)

C. P. Baker  
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.