

Form No. 1.

(1) PLACE OF BIRTH

County of Lexington

Township of Bull Swamp

Inc. Town of

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

46832

Registration District No. 3102

Registered No. 6

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

Alice Leora Williamson

If child is not yet named, make supplemental report as directed

(3) SEX OR GENDER Girl

(4) Twin or Triplet? No

To be answered only in event of Twins or Triplets

(5) Number in order of BIRTH

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan 24

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Williamson

(9) PRESENT POSTOFFICE OF FATHER Swansea

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE Lexington Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Alice Horva

(15) PRESENT POSTOFFICE OF MOTHER Swansea

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 38 (Years)

(18) BIRTHPLACE Lexington Co

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child who was born at 11 M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) George Ann Williamson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Medway Swansea

Given name added from a supplemental report

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

(27) Jan 26 1916 (28) J.R. Sanford 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.