

Form No. 1.

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

or

City of

(No. of St.; Ward) (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

(2) Full Name of Child

Alice Leora Williamson

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

(3) SEX OR GIB

(4) Twin or Triplet

(5) Number in order of BIRTH

(6) Are Parents Married?

(7) DATE OF BIRTH (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 (Years)

40

(12) BIRTHPLACE

Luxington 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 (Years)

38

(18) BIRTHPLACE

Luxington 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 alive or stillborn) at (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

George Ann Williamson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midway Swansea

Given name added from a supplemental report

(26) Witness

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

(27)

Jan 27 1916 (28) Local Registrar

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.

McGraw, of Columbia.

*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.