

## (1) PLACE OF BIRTH

County of CharlestonTownship of St. JamesIncl. Town of St. CharlesCity of St. Charles

(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

45651

Registered No. 1  
(For use of Local Registrar)

St.; ..... Ward

## (2) Full Name of Child

Charles Christopher Williams

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

## (3) BOY OR GIRL?

boy

## (4) Twin or Triplet?

To be answered only in event of Twin or Triplets

## (5) Number in order of birth

3

## (6) Are Parents Married?

yes

## (7) DATE OF BIRTH

Jan. 30  
(Name of Month) (Day) (Year)

## FATHER.

## (8) FULL NAME

James Williams

## (9) PRESENT POSTOFFICE OF FATHER

St. Charles

## (10) COLOR OR RACE

Negro

## (11) AGE AT LAST BIRTHDAY

32  
(Years)

## (12) BIRTHPLACE

Charleston Co.

## (13) OCCUPATION

Farm Labor

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

3

## MOTHER.

## (14) NAME BEFORE MARRIAGE

Wesley Martin

## (15) PRESENT POSTOFFICE OF MOTHER

St. Charles

## (16) COLOR OR RACE

Negro

## (17) AGE AT LAST BIRTHDAY

21  
(Years)

## (18) BIRTHPLACE

Charleston Co.

## (19) OCCUPATION

Farm Labor

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

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1101 N. E. St. (Born alive or stillborn) (Hour A. M. or P. M.)

## (23) (Signature)

Wesley Martin

## (24) State whether Physician or Midwife

Midwife(25) Address of Physician or Midwife  
St. Charles

Given name added from a supplemental report

191

Registrar

## (26) Witness

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

(27) Filed Jan 3 1915

## (28)

Wesley Martin  
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.

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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.