

(1) PLACE OF BIRTH

County of Edgefield  
Township of Chickens  
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

52036

Registration District No. 1408 Registered No. 6  
(For use of Local Registrar)  
St.; ..... Ward

(2) Full Name of Child ..... } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH May 4 1906  
To be completed only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Solomon Williams  
(9) PRESENT POSTOFFICE OF FATHER Edgefield S.C. P.O.  
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 40 (Years)  
(12) BIRTHPLACE Edgefield Co.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Ann Morgan  
(15) PRESENT POSTOFFICE OF MOTHER Edgefield S.C. P.O.  
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 23 (Years)  
(18) BIRTHPLACE Edgefield Co.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 a ..... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. H. Nicholson M.D.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Edgefield S.C.

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 June 10 1916 (28) J. A. ... 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.  
fifth month of pregnancy.

MARRIED RECORDED FOR LIFE  
THIS TABLE WITH RECORD IS TO BE A PERMANENT RECORD  
IT IS TO BE KEPT IN THE OFFICE OF THE REGISTRAR  
AND NOT TO BE REMOVED FROM THE OFFICE  
UNLESS BY ORDER OF THE REGISTRAR  
IN QUESTION 3.