

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. McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Lee
 Township of Bishopville
 or
 Inc. Town of Bishopville
 or
 City of Bishopville
 (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

90632

Registration District No. 30 a Registered No. 35
 (For use of Local Registrar)
 St.; Ward)

(2) Full Name of Child Hazel Williams { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 13 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME James Williams
 (9) PRESENT POSTOFFICE OF FATHER Bishopville S.C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 36 (Years)
 (12) BIRTHPLACE Bishopville S.C.
 (13) OCCUPATION Laborer
 (20) Number of children born to mother, including present birth Five

MOTHER.
 (14) NAME BEFORE MARRIAGE Bess Samuel
 (15) PRESENT POSTOFFICE OF MOTHER Bishopville S.C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 32 (Years)
 (18) BIRTHPLACE Bishopville S.C.
 (19) OCCUPATION Laborer
 (21) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hester Burton
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
 _____, 191____
 _____ Registrar

(26) Witness D. R. Fisher
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Dec 20 1916 (28) J. W. N. J. Laney 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 required of stillbirths before the fifth month of pregnancy.