

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.

MOGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of	<i>Seigbee</i>	STATE OF SOUTH CAROLINA		87672	
Township of	<i>Stateburg</i>	Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No.	<i>4109</i>	Registered No.	<i>105</i>
or		(For use of Local Registrar)			
City of		(No. .... St.; .... Ward)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <i>Maggie Edna Williams</i>					
(If child yet named, make supplemental report as directed)					
(3) BOY OR GIRL?	<i>girl</i>	(4) Twin or Triplet?		(5) Number in order of birth	
To be answered only in event of Twins or Triplets					
(6) Are Parents Married?	<i>yes</i>	(7) DATE OF BIRTH	<i>Nov 8 1906</i>		
(Name of Month) (Day) (Year)					
FATHER.			MOTHER.		
(8) FULL NAME	<i>Samuel Williams</i>		(14) NAME BEFORE MARRIAGE	<i>Rosa Murry</i>	
(9) PRESENT POSTOFFICE OF FATHER	<i>Horatio SC</i>		(15) PRESENT POSTOFFICE OF MOTHER	<i>Horatio SC</i>	
(10) COLOR OR RACE	<i>Col</i>	(11) AGE AT LAST BIRTHDAY	<i>35</i>	(16) COLOR OR RACE	<i>Col</i>
		(Years)		(17) AGE AT LAST BIRTHDAY	<i>23</i>
(12) BIRTHPLACE	<i>Horatio SC</i>		(18) BIRTHPLACE	<i>Claymonts</i>	
(13) OCCUPATION	<i>Farmer</i>		(19) OCCUPATION	<i>House wife</i>	
(20) Number of children born to mother, including present birth	<i>1</i>		(21) Number of children of this mother now living, including present birth	<i>1</i>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <i>alive</i> at <i>3 A.</i> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature)		<i>Samuel Williams</i>			
(24) State whether Physician or Midwife		<i>father</i>			
(25) Address of Physician or Midwife		<i>Horatio SC</i>			
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
		<i>Ben Sanders</i>			
		(27) Filed <i>2007</i> 19 (28) 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.					

D A K S . A F E T Y