

Form No. 1.

(1) PLACE OF BIRTH  
County of Fairfield  
Township of # 1  
or  
Inc. Town of  
or  
City of (No. 1 St. 1 Ward)

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**45116**

Registration District No. 1900 Registered No. 2  
(For use of Local Registrar)

(2) Full Name of Child Wardell Williams 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 3, 1916  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**

**MOTHER.**

(8) FULL NAME Carroll Williams

(14) NAME BEFORE MARRIAGE Bertha Williams

(9) PRESENT POSTOFFICE OF FATHER Shelton, S.C.

(15) PRESENT POSTOFFICE OF MOTHER Shelton, S.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 32 (Years)

(16) COLOR OR RACE Molatto (17) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Fairfield Co. S.C.

(18) BIRTHPLACE Fairfield Co. S.C.

(13) OCCUPATION Farm laborer

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 2

(21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha Young

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Shelton, S.C.

Given name added from a supplemental report

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

..... 191.....  
Registrar

(27) Filed Jan 10 1916 (28) H. P. Colvin 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.

MARGIN RESERVED FOR BONDING  
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