

(1) PLACE OF BIRTH

County of Williamshurg STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Manzans State Board of Health

or
 Inc. Town of Registration District No. 4306 Registered No. 18
 or
 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 Algia McCutchen Williamson 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 Mar 2 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Rodger Williamson

(9) PRESENT POSTOFFICE OF FATHER Cades R.F.D. 2

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE Williamshurg S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Laminas McCutchen

(15) PRESENT POSTOFFICE OF MOTHER Cades R.F.D. 2

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Williamshurg

(19) OCCUPATION House Wife

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 10:30 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. T. Kelly

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Timonettes St.

(26) Witness N. R. Williamson
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Mar 10 1916 (28) J. T. Frismon Local Registrar

Given name added from a supplemental report

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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.

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

File No.—For State Registrar Only

54071