

Form No. 1

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

File No.—For State Registrar Only
71132

(1) PLACE OF BIRTH
 County of Aiken
 Township of Deeply Hollow
 or
 Inc. Town of Registration District No. 2-1-2 Registered No. 47
 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. Rayshau 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 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 27 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Moses Williams
 (9) PRESENT POSTOFFICE OF FATHER Lapaha
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26 (Years)
 (12) BIRTHPLACE Aiken Co
 (13) OCCUPATION Laborer
 (20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Agulla Hankison
 (15) PRESENT POSTOFFICE OF MOTHER Lapaha S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30 (Years)
 (18) BIRTHPLACE Aiken Co
 (19) OCCUPATION Laborer
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Gertrude T. Doe
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hawthorne

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

(26) Witness L. J. Eubank
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 9/1 1916 (28) L. J. Eubank 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 BINDING
 WRITE IN INK WITH UNFADING INK—THIS IS A PERMANENT RECORD
 IN CASE OF TWINS OR TRIPLETS USE SEPARATE BLANKS FOR EACH CHILD, AND MARK THE
 FIRST-BORN NO. 1, THE OTHERS NO. 2, ETC., IN QUESTION 5
 McCaw of Columbia

Y A F I L M