

(1) PLACE OF BIRTH

County of CharlestonTownship of 11Inc. Town of 11City of Charleston

(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

88757

Registration District No. 9X Registered No. 1447

(For use of Local Registrar)

(2) Full Name of Child Infant of Rebecca Williams child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? No (7) DATE OF BIRTH Dec. 26 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Johannie Marcelise(9) PRESENT POSTOFFICE OF FATHER Charleston(10) COLOR Cre (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION Porter(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca Williams(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(16) COLOR Cre (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Edisto Island(19) OCCUPATION Loosher Women(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 120 P.M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) W. C. Crooks

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

Physician Roper Hospital

Given name added from a supplemental report.

19116

Registrar

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

(27) Filed 17/30 19116 (28) W. C. Crooks 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.

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