

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

File No.—For State Registrar Only
64410

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 2105 Registered No. 320

(For use of Local Registrar)

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

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

June 10

1916

(Name of Month) (Day) (Year)

FATHER.

(8) FUEL NAME

Glenwick W. Williams

(9) PRESENT POSTOFFICE OF FATHER

Smiths Mills SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

22

(Years)

(12) BIRTHPLACE

Georgetown C S C

(13) OCCUPATION

Farming

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Lourana Miller

(15) PRESENT POSTOFFICE OF MOTHER

Smiths Mills SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

26

(Years)

(18) BIRTHPLACE

Georgetown C S C

(19) OCCUPATION

Housewife

(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 Alive, at 10 A M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. J. Pauer

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

Midwife

Dutland S C

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 11 1916(28) J. L. McCracken

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 PLAINLY. WITH ENVELOPING ENVELOPE—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and give the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.
McCaw, of Columbia.