

(1) PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town of Williamstonor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Register Only

190

Registration District No. 3-CRegistered No. 7

(For use of Local Registrar)

(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 Miss Franklin Hall (If child is not yet named, make supplemental report as directed)

| | | | | |
|------------------------------|---------------------|------------------------------|-------------------------------------|---|
| (1) SEX OF CHILD <u>Girl</u> | (2) Twin or Triplet | (3) Number in order of birth | (4) Age of Child at Birth <u>20</u> | (5) DATE OF BIRTH <u>Jan 7 1919</u> (Month) (Day) (Year) |
|------------------------------|---------------------|------------------------------|-------------------------------------|---|

| FATHER. | | MOTHER. | |
|--|---|---|---|
| (6) FULL NAME <u>Frank Williams</u> | (10) NAME BEFORE MARRIAGE <u>Eveline Hall</u> | (10) NAME BEFORE MARRIAGE <u>Eveline Hall</u> | (10) NAME BEFORE MARRIAGE <u>Eveline Hall</u> |
| (7) PRESENT POST OFFICE OF FATHER <u>✓</u> | (11) PRESENT POST OFFICE OF MOTHER <u>Williamston</u> | (11) PRESENT POST OFFICE OF MOTHER <u>Williamston</u> | (11) PRESENT POST OFFICE OF MOTHER <u>Williamston</u> |
| (12) COLOR OR RACE <u>Negro</u> | (16) COLOR OR RACE <u>Negro</u> | (16) COLOR OR RACE <u>Negro</u> | (16) COLOR OR RACE <u>Negro</u> |
| (13) BIRTHPLACE | (17) AGE AT LAST BIRTHDAY <u>✓</u> | (17) AGE AT LAST BIRTHDAY <u>✓</u> | (17) AGE AT LAST BIRTHDAY <u>✓</u> |
| (14) OCCUPATION <u>Railroad worker</u> | (18) BIRTHPLACE <u>Williamston, S. C.</u> | (18) BIRTHPLACE <u>Williamston, S. C.</u> | (18) BIRTHPLACE <u>Williamston, S. C.</u> |
| (19) OCCUPATION | (20) OCCUPATION <u>Laundress</u> | (20) OCCUPATION <u>Laundress</u> | (20) OCCUPATION <u>Laundress</u> |
| (21) Number of children born to mother, including present birth <u>1</u> | (22) Number of children of this mother now living, including present birth <u>2</u> | (22) Number of children of this mother now living, including present birth <u>2</u> | (22) Number of children of this mother now living, including present birth <u>2</u> |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Date of birth or stillborn) (Hour A. M. or P. M.)(24) (Signature) Emma X. Duckworth(25) State whether Physician or Midwife (26) Address of Physician or Midwife Williamston, S. C.

Given name added from a supplemental report

(27) Witness Lillian Russell

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

(28) Filed 7/12 (29) Lillian Russell 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.