

MARGIN RESERVED FOR BINDING.  
 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.

(1) PLACE OF BIRTH  
 County of Columbia  
 Township of Amelia  
 or  
 Inc. Town of .....  
 or  
 City of .....  
 (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  
**63295**

Registration District No. 800 Registered No. 76  
 (For use of Local Registrar)

(2) Full Name of Child Erlynn Williams { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 11</u> 191 <u>6</u> (Name of Month) (Day) (Year)
FATHER.				MOTHER.
(8) FULL NAME <u>Henry Williams</u>				(14) NAME BEFORE MARRIAGE <u>Pena Gold</u>
(9) PRESENT POSTOFFICE OF FATHER <u>St. Matthews</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>St. Matthews</u>
(10) COLOR OR RACE <u>W. P. O.</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>W. P. O.</u>		
(12) BIRTHPLACE <u>South Carolina</u>		(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)		
(13) OCCUPATION <u>Team Driver</u>		(18) BIRTHPLACE <u>South Carolina</u>		
(19) OCCUPATION <u>Team Driver</u>		(20) Number of children of this mother now living, including present birth <u>3</u>		
(21) Number of children born to mother, including present birth <u>3</u>		(22) Number of children of this mother now living, including present birth <u>3</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 2 0 0 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Julia K. Richardson

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife St. Matthews

Given name added from a supplemental report

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

(27) Filed June 17 1916 (28) W. R. Smith  
 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.