

Form No 1.

(1) PLACE OF BIRTH

County of Walton

Township of

Inc. Town of H. Matthews

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 Registration

48236

Registration District No. 8A Registered No. 9

(For use of Local Registrar)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 16</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Ernest Lewis(9) PRESENT POSTOFFICE OF FATHER H. Matthews(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 20 (Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Basie Williams(15) PRESENT POSTOFFICE OF MOTHER H. Matthews(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE South Carolina(19) OCCUPATION Farmer

(20) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at H. Matthews on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Matthew Williams

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

Midwife H. Matthews

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb 17 1916 (28) Local Registrar

Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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 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.

McKay of Columbia.