

Registrar Only

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. — For State Registrar Only  
45141

County of Williams  
Township of Williams  
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.)

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

Registration District No. 108 Registered No. 4  
(For use of Local Registrar)

(No. CUMMINGS Sl.; ..... Ward)

(2) Full Name of Child. William Cummings } If child is not yet named, make supplemental report as directed

2 6  
Day (Year)

(3) BOY OR GIRL? <u>✓</u>	(4) Twin or Triplet? <u>  </u> <small>To be answered only in event of Twins or Triplets.</small>	(5) Number in order of birth <u>  </u>	(6) Are Parents Married? <u>  </u>	(7) DATE OF BIRTH <u>Nov 13 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME William Cummings

(9) PRESENT POSTOFFICE OF FATHER Williams

(10) COLOR OR RACE W.C. (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Williams

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE William Cummings

(15) PRESENT POSTOFFICE OF MOTHER Williams

(16) COLOR OR RACE W.C. (17) AGE AT LAST BIRTHDAY 17 (Years)

(18) BIRTHPLACE Williams Co.

(19) OCCUPATION Farmer

(21) Number of children of this mother now living, including present birth 2

Matheson  
86.  
18  
(Years)  
86.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) William Cummings  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

10 a.m.  
M. or P. M.)

Given name added from a supplemental report  
..... 191.....  
Registrar

(26) Witness W. M. Hutchins  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Jan 13 1916 (28) W. M. Hutchins Local Registrar

or Midwife  
86.  
Registrar.  
return. If  
fore the

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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