

(1) PLACE OF BIRTH  
**Charleston**  
County of .....

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

File No. For State Registrar Only  
**48328**

Township of .....  
or  
Inc. Town of .....  
or  
City of **Charleston S.C.** (No. **79** **Kracke** 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. **Edward Williams** ..... { 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 **Feb 1st 1916**  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME **Walter Williams**  
(9) PRESENT POSTOFFICE OF FATHER **#79 Kracke St.**  
(10) COLOR OR RACE **Colored** (11) AGE AT LAST BIRTHDAY **22** (Years)  
(12) BIRTHPLACE **Charleston S.C.**  
(13) OCCUPATION **Labourer**  
(14) Number of children born to mother, including present birth { **Two** .....

**MOTHER.**  
(14) NAME BEFORE MARRIAGE **Viola Miller**  
(15) PRESENT POSTOFFICE OF MOTHER **#79 Kracke St.**  
(16) COLOR OR RACE **Colored** (17) AGE AT LAST BIRTHDAY **22** (Years)  
(18) BIRTHPLACE **Charleston S.C.**  
(19) OCCUPATION **Laundry - work.**  
(20) Number of children of this mother now living, including present birth { **Two** .....

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
(22) I hereby certify that I attended the birth of this child, who was **Living** at ..... (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) **Nancy Scott**  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
**Midwife #64 Calhoun St.**

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

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)  
(27) Filed **2/21 1916** (28) **J. Mercer**

\*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.

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