

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.

FORM 100-1 (REV. 1-1-33) COLUMBIA S. C.

(1) PLACE OF BIRTH  
County of Sumner  
Township of Williston  
or  
Inc. Town of  
or  
City of Williston S.C.

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

File No.—For State Registrar Only  
**63179**

Registration District No. 5713 Registered No. ....  
(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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>5</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 20 1916</u> (Name of Month) (Day) (Year)
FATHER:			MOTHER:	
(8) FULL NAME <u>Leon Buck</u>	(14) NAME BEFORE MARRIAGE	(9) PRESENT POSTOFFICE OF FATHER <u>Williston S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER	(16) COLOR OR RACE <u>White</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(18) BIRTHPLACE <u>Bornwice Co</u>	(19) OCCUPATION <u>House wife</u>
(12) BIRTHPLACE <u>Aiken Co</u>	(13) OCCUPATION <u>Farmer</u>	(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>5</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alan at 2 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) J. Remora  
(24) State whether Physician or Midwife  
(25) Address of Physician or Midwife Williston S.C.

Given name added from a supplemental report  
.....  
..... 19 ..  
Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mother)  
(27) Filed ..... 10 ..... (28) J. 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.