

Form No. 1.

(1) PLACE OF BIRTH

County of Charleston

Township of Wadmalaw

or  
Inc. Town of .....

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  
**45681**

Registration District No. 213 Registered No. 2  
(For use of Local Registrar)

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

(3) <input checked="" type="checkbox"/> BOY OR GIRL?	(4) <input type="checkbox"/> Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Jan. 7 1914</u> <small>(Name of Month) (Day) (Year)</small>
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**FATHER.**

(8) FULL NAME John Williams

(9) PRESENT POSTOFFICE OF FATHER Wadmalaw

(10) COLOR OR RACE negr (11) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE Wadmalaw S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth } 5

**MOTHER.**

(14) NAME BEFORE MARRIAGE Lucia Williams

(15) PRESENT POSTOFFICE OF MOTHER Wadmalaw S.C.

(16) COLOR OR RACE negr (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Wadmalaw S.C.

(19) OCCUPATION Wife

(21) Number of children of this mother now living, including present birth } 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Marion M. Washington  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife Wadmalaw S.C.

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

(26) Witness Robert C. Washington  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan. 13 1914 (28) J. H. Brown  
Local Registrar

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.

\*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.