

(1) PLACE OF BIRTH

County of Hampden
 Township of Pratt
 or
 Inc. Town of Pratt
 or
 City of Pratt

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

File No.—For State Registrar Only

90301

Registration District No. 7403 Registered No. 74
 (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 C. Goldus Williams If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 14 1916
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Abt Williams
 (9) PRESENT POSTOFFICE OF FATHER Pratt, SC
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 33
 (Years)
 (12) BIRTHPLACE SC
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth Three

MOTHER
 (14) NAME BEFORE MARRIAGE Ella Turner
 (15) PRESENT POSTOFFICE OF MOTHER Pratt, SC
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 34
 (Years)
 (18) BIRTHPLACE SC
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 230 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ann X Brown
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pratt, SC

Given name added from a supplemental report

(26) Witness J. B. Smith
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 19 1916 (28) J. B. Smith
 Registrar 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.