

## (1) PLACE OF BIRTH

County of Abbeville  
 Township of Ironville  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only  
**62811**

Registration District No. 108

Registered No. 5-8  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. .... St.; .... Ward)

## (2) Full Name of Child

Delia Williams

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth: 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH March 18, 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Sam Williams  
 (9) PRESENT POSTOFFICE OF FATHER Townderville St  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27  
 (12) BIRTHPLACE Townderville Co  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Dessa Williams  
 (15) PRESENT POSTOFFICE OF MOTHER Townderville St  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22  
 (18) BIRTHPLACE Townderville Co  
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 7

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at 10:30 M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. S. Jones

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness J. S. Jones

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 20, 1916(28) J. M. Buckner

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.

McCAW OF COLUMBIA, COLUMBIA, S. C.