

(1) PLACE OF BIRTH

County of Albemarle
Township of Quincy
or
Inc. Town of Quincy
or
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

71075

Registration District No. 203 Registered No. 16
(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? _____	(5) Number in order of birth _____	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 24 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Rev. L. Williamson</u>	(14) NAME BEFORE MARRIAGE <u>Kate Wood</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Wagoner</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Wagoner St.</u>			
(10) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>41</u>	(18) AGE AT LAST BIRTHDAY <u>27</u>	
(12) BIRTHPLACE <u>Albemarle Co</u>	(18) BIRTHPLACE <u>Wagoner</u>			
(13) OCCUPATION <u>Planter</u>	(19) OCCUPATION <u>House wife</u>			
(20) Number of children born to mother, including present birth <u>7</u>	(21) Number of children of this mother now living, including present birth <u>2</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. W. Wood

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife Wagoner St.

Given name added from a supplemental report

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

(27) Filed 8-29-16 (28) Wagoner St. 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.

Registrar

Local Registrar

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THIS IS A PRELIMINARY REPORT. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE.