

(1) PLACE OF BIRTH

County of McClintock

Township of North

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

4165

Registration District No. 24 Registered No. 10

(For use of Local Registrar)

(2) Full Name of Child Isaac 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 Feb 1 1907
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Isaac Williams

(9) PRESENT POSTOFFICE OF FATHER Luray S.C.

(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE McClintock Co

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Williams

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

(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE McClintock Co

(19) OCCUPATION Housewife

(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 alive at 6:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Thaddeus

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Estill S.C.

(When name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

Thaddeus Estill S.C. Local Registrar

*When there was no attending physician or midwife, then the father, grandparents, 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 month of pregnancy.