

(1) PLACE OF BIRTH

County of *Cherokee*Township of *White Plains*Inc. Town of _____
or _____City of _____ (No. _____ St. _____ Ward _____)
(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

88938

Registration District No. *1007* Registered No. *67*

(For use of Local Registrar)

(2) Full Name of Child *Hamlet Williams*

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

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Nov. 2* 191*6*
(Name of Month) (Day) (Year)FATHER. (8) FULL NAME *Oliver Williams* (9) PRESENT POSTOFFICE OF FATHER *Haffney S.C. R#4*(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *26* (Years) (12) BIRTHPLACE *Cherokee County S.C.*(13) OCCUPATION *Farmer* (14) NAME BEFORE MARRIAGE *Elizabeth Thompson* (15) PRESENT POSTOFFICE OF MOTHER *Haffney S.C. R#4*(16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY *27* (Years) (18) BIRTHPLACE *Cherokee County S.C.*(19) OCCUPATION *House Wife* (20) Number of children born to mother, including present birth *Four* (21) Number of children of this mother now living, including present birth *Four*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *2 o'clock a.m.* on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) *Sarah W. Vandaloo* (24) State whether Physician or Midwife (25) Address of Physician or Midwife(26) Witness *Oliver Williams*(27) Filed *Dec 30 1916* (28) *Dr. Smith* Local Registrar

Given name added from a supplemental report

191*6*

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.

MARGIN RESERVED FOR BINDING.
WHITE PLAINES, 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.

McNay of Columbia