

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

46042

Registration District No. 1700 Registered No. 2  
(For use of Local Registrar)(3) ~~Boy~~ Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parent Married? (7) DATE OF BIRTH—Jan. 13, 1916  
To be answered only in event of Twins or Triplets Same of Month (Day) (Year)

(8) FULL NAME OF FATHER William Williams

(9) PRESENT POSTOFFICE OF FATHER Ridgeway, S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE Lorchester, Co., S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 15

(14) NAME BEFORE MARRIAGE Susan Osborne

(15) PRESENT POSTOFFICE OF MOTHER Ridgeway, S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 36 (Years)

(18) BIRTHPLACE Lorchester, Co., S.C.

(19) OCCUPATION Farmer &amp; Housework

(21) Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lizzie S. S. S.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Ridgeway, S.C.

Given name added from a supplemental report

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Registrar

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

Jan 24, 1916 J. A. Johnston

(27) Filed (28) 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.