

**CERTIFICATE OF BIRTH**

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

File No.—For State Registrar Only  
**46042**

(1) PLACE OF BIRTH  
County of Lorchester  
Township of Morris  
OR  
Inc. Town of .....  
OR  
City of .....  
(If birth occurs in a hospital or other institution, the name of same instead of street and number.)

Registration District No. 1700 Registered No. 2  
(For use of Local Registrar)

(2) Full Name of Child Christene Williams If child is not yet named, make supplemental report as directed

(3) ~~Boy~~ Girl? Girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 13, 1916  
To be answered only in event of Twins or Triplets Same of Month (Day) (Year)

FATHER  
(8) FULL NAME 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.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth { 15 }

MOTHER  
(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.  
(19) OCCUPATION Farmer & 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 Smead  
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Ridgeway, S.C.

Given name added from a supplemental report  
..... 191.....  
.....  
..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) J. W. Johnston  
(27) Filed Jan 24, 1916 (28) J. W. Johnston 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.