

Form No. 1

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Providence
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
4885

Registration District No. 3614

Registered No. 7
 (For use of Local Registrar)

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

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

(3) BOY OR GIRL girl (4) Twin or Triplet To be answered only in case of Twin or Triplet (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 1 1913
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME David Williams
 (9) PRESENT POSTOFFICE OF FATHER Elloree S.C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 22
 (Years)
 (12) BIRTHPLACE Orangeburg Co
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Chennie Williams
 (15) PRESENT POSTOFFICE OF MOTHER Elloree S.C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 21
 (Years)
 (18) BIRTHPLACE Orangeburg Co
 (19) OCCUPATION House Keeping
 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P. M., on the date above stated. (Born alive or stillborn) (Hour) (M. or P. M.)

(23) (Signature) Amner Eagle(24) State whether Physician or Midwife mid wife(25) Address of Physician or Midwife Elloree S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb 5 1913(28) J. J. Dwyer

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.

REMARKS: CHILD DECEASED FOR BENDING.

WRITE PLAINLY. WITH ENVELOPE INSIDE—THIS IS A PERMANENT RECORD. 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 8

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.