

(1) PLACE OF BIRTH

County of Beaufort
 Township of Beaufort
 or
 Inc. Town of
 OF
 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
63209

Registration District No. 603A Registered No. 30
 (For use of Local Registrar)

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

| | | | | |
|-----------------------------|---|------------------------------|-------------------------------------|--|
| (3) BOY OR GIRL? <u>Boy</u> | (4) Twin or Triplet? <i>To be answered only in case of twins or triplets</i> | (5) Number in order of birth | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>June 21, 1916</u> (Name of Month) (Day) (Year) |
|-----------------------------|---|------------------------------|-------------------------------------|--|

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

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

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE Alice Williams

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

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE Beaufort Island, S.C.

(19) OCCUPATION Farmis & repair

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 12:30 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife | (25) Address of Physician or Midwife
Midwife | Wade, S.C.

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

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

(27) Filed [Signature], 1916... (28) [Signature] Local Registrar

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 mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 McCaw, of Columbia

*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.