

No. 1

## (1) PLACE OF BIRTH

County of BeaufortTownship of ...

OF

Inc. Town of Burton

OF

City of ...

(No. .... St. .... Ward)

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

(2) Full Name of Child Anna Williams

File No.—For State Registrar Only

16800

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 600 Registered No. 229

(For use of Local Registrar)

(3) SEX  
GIRL(4) Twin  
or Triplet  
To be answered only in event of Twin or Triplet(5) Number in  
order of birth(6) Are  
Parents  
Married? Yes(7) DATE OF  
BIRTH June 22<sup>nd</sup> 1928  
(Time of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAMEAlfred Williams(9) PRESENT  
POSTOFFICE  
OF FATHERBurton S.C.(10) COLOR  
OR  
RACEWegs(11) AGE AT LAST  
BIRTHDAY 25  
(Year)

(12) BIRTHPLACE

Ellenton S.C.

(13) OCCUPATION

Day Laborer(20) Number of children born to  
mother, including present birth2

## MOTHER.

(14) NAME BEFORE  
MARRIAGEEllen Simmons(15) PRESENT  
POSTOFFICE  
OF MOTHERBurton S.C.(16) COLOR  
OR  
RACEWegs(17) AGE AT LAST  
BIRTHDAY 23  
(Year)

(18) BIRTHPLACE

Ellenton S.C.

(19) OCCUPATION

Day Laborer(21) Number of children of this mother  
now living, including present birth1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was .... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rachel McNight

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Burton S.C.Given name added from a supplement-  
tal report

(26) Witness

(Signature of Witness necessary only  
when question 26 is signed by mark)(27) Filed July 5<sup>th</sup> 1928(28) McNight

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.