

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

County of *Cherokee*

Bureau of Vital Statistics

Township of *New North*

State Board of Health

File No.—For State Registrar Only

71286

Inc. Town of Registration District No. *3.01* Registered No. *1.07*
(For use of Local Registrar)City of *New North* (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 *George Ligon Williams Jr* { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? *1* (5) Number in order of birth *5* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Aug 12* 191*6*
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *George Ligon Williams*(14) NAME BEFORE MARRIAGE *Annell Shuley*(9) PRESENT POSTOFFICE OF FATHER *New North SC*(15) PRESENT POSTOFFICE OF MOTHER *New North SC*(10) COLOR *white* (11) AGE AT LAST BIRTHDAY *38*
(Years)(16) COLOR *white* (17) AGE AT LAST BIRTHDAY *38*
(Years)(12) BIRTHPLACE *Abbeville Co*(18) BIRTHPLACE *Anderson Co*(13) OCCUPATION *R.R. Agt*(19) OCCUPATION *House wife*(20) Number of children born to mother, including present birth *5*(21) Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *6 a.m.* M.,
on the date above stated. (Hour A. M. or P. M.)(23) (Signature) *J. F. Shuley* M.D.

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

Physician *New North SC*

Given name added from a supplemental report

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

(27) Filed *Aug 13* 191*6* (28) *P. L. Williams* 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.

In cases of twins or triplets use a separate blank for each child, and mark the first-born, No. 1. This Office, No. 2, etc., in question 8.