

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

FORM NO. 1

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

or
City of

(If birth occurs in a

CERTIFICATE OF BIRTH

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

Registration District No. 2403

File No.—For State Registrar Only
42898

Registered No. 93
(For use of Local Registrar)
SL; Ward)

(2) Full Name of Child

Genevra Williams

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Age at birth

(7) DATE OF BIRTH

(8) FULL NAME

John Williams

(9) PRESENT POSTOFFICE OF FATHER

Morrisville

(10) COLOR OR RACE

Col.

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

O.C.

(13) OCCUPATION

Laborer

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

1

(14) NAME BEFORE MARRIAGE

Rosa W. Gray

(15) PRESENT POSTOFFICE OF MOTHER

Andrews

(16) COLOR OR RACE

Col.

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

O.C.

(19) OCCUPATION

Domestic

(21) 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

(Born alive or stillborn) at 5:30 P. M., (Hour A. M. or P. M.)

(23) (Signature)

Mary Dorian

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 10 1915

(28) 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.