

FORM NO. 1.

## (1) PLACE OF BIRTH

County of *Williamston*Township of *Clarendon*

or

Inc. Town of

or

City of

(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

54103

Registration District No. *4212* Registered No. *6-*

(For use of Local Registrar)

(2) Full Name of Child *Latitia Williams* { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? *Girl*(4) Twin or Triplet? *One*

Take answered only in event of Twin or Triplet

(5) Number in order of birth *1*(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Mar. 17, 1916*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Marion Moore*(9) PRESENT POSTOFFICE OF FATHER *Williamston, S.C.*(10) COLOR OR RACE *Black*(11) AGE AT LAST BIRTHDAY *32*  
(Years)(12) BIRTHPLACE *Sumter, S.C.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *1*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Sgt. Burgess*(15) PRESENT POSTOFFICE OF MOTHER *Williamston, S.C.*(16) COLOR OR RACE *Black*(17) AGE AT LAST BIRTHDAY *30*  
(Years)(18) BIRTHPLACE *Clarendon, S.C.*(19) OCCUPATION *Housewife*(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* at *8:00* *A.M.*,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) *Phyllis Burgess*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Midwife New Fair St.*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *Mar. 25, 1916*

(28)

*A. T. Burgess*  
Local RegistrarWRITE 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 N. No. 1. THE OTHER, N. No. 2, etc., in question 3.

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.