

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 8.

MACAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of LEXINGTON
Township of BULL SWAMP
or
Inc. Town of.....
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

31132

Registration District No. 3102

Registered No. 97
(For use of Local Registrar)

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

(2) Full Name of Child

Jane Ella Williams

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? ☒ (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 18 1911
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME John H. Williams
(9) PRESENT POSTOFFICE OF FATHER Swansea
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 45 (Year)
(12) BIRTHPLACE So. Ca.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 7

MOTHER
(14) NAME BEFORE MARRIAGE Anna Benjamin
(15) PRESENT POSTOFFICE OF MOTHER Swansea
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 39 (Year)
(18) BIRTHPLACE So. Ca.
(19) OCCUPATION Helper
(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Celia H. Henson

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Swansea

Given name added from a supplemental report

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

(27) Filed Dec 23 1911 (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.