

Form No. 1

(1) PLACE OF BIRTH

County of Union

Township of Bogawilla

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

87703

Registration District No. 42.1 Registered No. 40

(For use of Local Registrar)

(2) Full Name of Child Jeffie...Harris...Williams

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married yes

(7) DATE OF BIRTH Nov. 2, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Hammie Williams

(9) PRESENT POSTOFFICE OF FATHER Buffalo, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Union Co. S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 1 }

MOTHER.

(14) NAME BEFORE MARRIAGE Mamie Chesnut

(15) PRESENT POSTOFFICE OF MOTHER Buffalo, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Union Co. S.C.

(19) OCCUPATION Farmer

(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 alive at 2:30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. Lizzie...Lawson, Midwife

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

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed Nov 15 1916 (28) J. P. Hopkins Local Registrar

*When there was no attending physician or midwife, then the father, husband, 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.

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. Div. of Columbia