

(1) PLACE OF BIRTH
 County of Harlington STATE OF SOUTH CAROLINA.
 Township of Swift Creek Bureau of Vital Statistics
 or
 Inc. Town of Registration District No. 15.11 Registered No.
 or
 City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No. — For State Registrar Only
59670

(2) Full Name of Child Edith 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 (6) Are you Presently Married? yes (7) DATE OF BIRTH April 2 1926
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Jim Williams</u>	(14) NAME BEFORE MARRIAGE <u>Annie Brown</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Harlington P.I.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Harlington P.I.</u>
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)
(12) BIRTHPLACE <u>Harlington Co</u>	(18) BIRTHPLACE <u>Harlington Co</u>	(13) OCCUPATION <u>Farmer-labor</u>	(19) OCCUPATION <u>House wife</u>
(20) Number of children born to mother, including present birth { <u>5</u>	(21) Number of children of this mother now living, including present birth { <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. T. T. T.

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

Midwife Harlington P.I.

Given name added from a supplemental report

(26) Witness P. P. P. (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed April 6 (28) C. A. Early 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.

MAKING PRESERVED FOR RECORDING.
 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 2.
 C. W. of Columbia.