

Form No. 10. MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH CARBONING 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 3. McCaw, of Columbia

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**  
 County of Orangeburg STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health  
 Township of .....  
 or Town of Branchville Registration District No. 3601 Registered No. 1  
 or City of ..... (For use of Local Registrar)  
 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  
**47026**

(2) Full Name of Child Joseph Williams } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>May 2 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Edward Williams</u>	(14) NAME BEFORE MARRIAGE <u>Merina Owens</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Branchville S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Branchville S.C.</u>			
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>48</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)	
(12) BIRTHPLACE <u>Orangeburg Co</u>	(18) BIRTHPLACE <u>Orangeburg Co</u>			
(13) OCCUPATION <u>Saw Mill Hand</u>	(19) OCCUPATION <u>Household</u>			
(20) Number of children born to mother, including present birth <u>12</u>	(21) Number of children of this mother now living, including present birth <u>9</u>			

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 (22) I hereby certify that I attended the birth of this child, who was Born alive at H. A. M.,  
 on the date above stated. (Hour A. M. or P. M.)  
 (23) (Signature) Lottie S. Phillips  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Branchville S.C.  
 (26) Witness Preston Ott  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed May 5 1916 (28) Preston Ott  
 Registrar Local Registrar

Given name added from a supplemental report  
 ..... 191.....  
 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.  
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