

(1) PLACE OF BIRTH

County of York

Township of .....

OR  
Inc. Town of .....City of Rockledge

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

75187

Registration District No. 44B Registered No. 137

(For use of Local Registrar)

(2) Full Name of Child Luther 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 Aug 6 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME George Williams(9) PRESENT POSTOFFICE OF FATHER Rockledge SC.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 43 (Years)(12) BIRTHPLACE SC.(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth { 6 }

## MOTHER.

(14) NAME BEFORE MARRIAGE Martha Williams(15) PRESENT POSTOFFICE OF MOTHER Rockledge SC.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 40 (Years)(18) BIRTHPLACE SC.(19) OCCUPATION Laborer(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 ..... at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Patry Jeter(24) State whether Physician or Midwife 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 9/9/1916 (28) J.P. Smith 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.

MARGIN RESERVED FOR BINDING.

WRITE MAINLY, 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 OTHERS, No. 2, etc., in question 5.

McCaw, of Columbia.