

FORM NO. 1.

(1) PLACE OF BIRTH
 County of Fairfield
 Township of 12
 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
46153

Registration District No. 12 Registered No. 2
 (For use of Local Registrar)
 (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child William H. Colson 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 31
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Preston Colson
 (9) PRESENT POSTOFFICE OF FATHER Windsor
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27 (Years)
 (12) BIRTHPLACE Fairfield
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 5

MOTHER.
 (14) NAME BEFORE MARRIAGE Willie Johnson
 (15) PRESENT POSTOFFICE OF MOTHER Windsor
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)
 (18) BIRTHPLACE Fairfield
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Walter G. Colson
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Windsor S C

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

 Registrar

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

(27) Filed Feb 5 1916. (28) W. R. Aiken
 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 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.
 McCaw, of Columbia