

(1) PLACE OF BIRTH

County of Chay

Township of

OR
Inc. Town of

or
City of Chosm

(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

88701

Registration District No. 9A

Registered No. 1380

(For use of Local Registrar)

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 10 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 8 1916
To be answered only in case of Twin or Triplet. (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Williams

(9) PRESENT POSTOFFICE OF FATHER 10 Flood St

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 60 (Years)

(12) BIRTHPLACE La

(13) OCCUPATION Laborer

(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Natalie Jones

(15) PRESENT POSTOFFICE OF MOTHER 10 Flood St

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 79 (Years)

(18) BIRTHPLACE La

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3:30 P M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Mrs. M. M. M.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Mrs. M. M. M.

Given name added from a supplemental report

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

(27) Filed 12/12/16 (28) J. M. M. Registrar

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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