

MARGIN RESERVED FOR RECORD.  
 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.

<b>(1) PLACE OF BIRTH</b> County of <u>Abbeville</u> Township of <u>Hopkins</u> or Inc. Town of ..... or City of ..... (No. .... St.; .... Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>90270</b> </div>	
Registration District No. <u>2400</u>		Registered No. <u>146</u> (For use of Local Registrar)			
<b>(2) Full Name of Child</b> <u>Johnny Williams Jr.</u> (If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 30, 1916</u> <small>(Name of Month) (Day) (Year)</small>	
<b>FATHER.</b>			<b>MOTHER.</b>		
(8) FULL NAME <u>Johnny Williams</u>			(14) NAME BEFORE MARRIAGE <u>Elizeth Green</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Lundy S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lundy</u>		
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>		
(11) AGE AT LAST BIRTHDAY <u>21</u> <small>(Years)</small>			(17) AGE AT LAST BIRTHDAY <u>18</u> <small>(Years)</small>		
(12) BIRTHPLACE <u>Abbeville Co.</u>			(18) BIRTHPLACE <u>Abbeville Co.</u>		
(13) OCCUPATION <u>Farm</u>			(19) OCCUPATION <u>Housewife &amp; farm</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</b>					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>1 P. M.</u> on the date above stated. <small>(Born alive or stillborn) (Hour A. M. or P. M.)</small>					
(23) (Signature) <u>Mattie Fraser</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Lundy S.C.</u>					
Given name added from a supplemental report ..... ..... 19 .. Registrar			(26) Witness ..... <small>(Signature of Witness necessary only when question 23 is signed by mark)</small>		
(27) Filed <u>Jan. 10, 1917</u>			(28) <u>H. E. Dickinson</u> Local Registrar		
<small>*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.</small>					