

MARGIN RESERVED FOR RECORDS  
 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.  
 DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

**(1) PLACE OF BIRTH**  
 County of *Orangeburg*  
 Township of *Hopland*  
 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.)

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**90270**

Registration District No. *2400* Registered No. *146*  
 (For use of Local Registrar)

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

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Dec. 30, 1916</i> (Name of Month) (Day) (Year)
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**FATHER.**

(8) FULL NAME *Johnny Williams*

(9) PRESENT POSTOFFICE OF FATHER *Luddy Sll*

(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *21* (Years)

(12) BIRTHPLACE *Hampton Co*

(13) OCCUPATION *Farm*

(20) Number of children born to mother, including present birth *1*

**MOTHER.**

(14) NAME BEFORE MARRIAGE *Elbeth Green*

(15) PRESENT POSTOFFICE OF MOTHER *Luddy*

(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *18* (Years)

(18) BIRTHPLACE *Hampton Co*

(19) OCCUPATION *Housewife & farm*

(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 *born alive* at *1 P. M.* on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Mattie Thomas*  
 (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Luddy Sll*

Given name added from a supplemental report  
 .....  
 ..... 19 ..  
 Registrar

(26) Witness .....  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed *Jan. 10, 1917* (28) *H. E. Dickerson*  
 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.

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