

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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Williamsburg</u>		STATE OF SOUTH CAROLINA		87796	
Township of <u>Lane</u>		Bureau of Vital Statistics			
or Inc. Town of .....		State Board of Health			
City of .....		Registration District No. <u>4305</u>		Registered No. <u>104</u>	
(No. .... St.; .... Ward)		(For use of Local Registrar)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Samuel Williams</u>					
If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>7</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov 4th 1916</u>	
(Name of Month) (Day) (Year)					
FATHER.			MOTHER.		
(8) FULL NAME <u>Titus Williams</u>			(14) NAME BEFORE MARRIAGE <u>Lincoln Smith</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Lane S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lane S. C.</u>		
(10) COLOR OR RACE <u>negro</u>			(16) COLOR OR RACE <u>negro</u>		
(11) AGE AT LAST BIRTHDAY <u>69</u>			(17) AGE AT LAST BIRTHDAY <u>36</u>		
(12) BIRTHPLACE <u>Williamsburg co. S. C.</u>			(18) BIRTHPLACE <u>Williamsburg co. S. C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>farm laborer</u>		
(20) Number of children born to mother, including present birth <u>7</u>			(21) Number of children of this mother now living, including present birth <u>7</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>7 P. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Belinda Brown</u>					
(24) State whether <u>midwife</u> Physician or Midwife					
(25) Address of Physician or Midwife <u>Balters Depot, P. C.</u>					
Given name added from a supplemental report					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>Nov 5th 1916</u> (28) <u>Albert P. Moreley</u> 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.