

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 STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only 986
County of <u>Washington</u> Township of <u>French Creek</u> OR Inc. Town of OR City of (No. St.; Ward)		Registration District No. <u>1-2-0-7</u> Registered No. <u>3</u> (For use of Local Registrar)		
(2) Full Name of Child <u>Julia 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>To be answered only in case of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 18, 1929</u> (Day of Month) (Year)
FATHER. (8) FULL NAME <u>Jones Williams</u> (9) PRESENT POSTOFFICE OF FATHER <u>Darlington</u> (10) COLOR OR RACE <u>colored</u> (11) AGE AT LAST BIRTHDAY <u>43</u> (Years) (12) BIRTHPLACE <u>home</u> (13) OCCUPATION <u>forming</u>		MOTHER. (14) NAME BEFORE MARRIAGE <u>Julia Jones</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Darlington</u> (16) COLOR OR RACE <u>colored</u> (17) AGE AT LAST BIRTHDAY <u>32</u> (Years) (18) BIRTHPLACE <u>home</u> (19) OCCUPATION <u>forming</u>		
(20) Number of children born to mother, including present birth <u>4</u>		(21) Number of children of this mother now living, including present birth <u>16 and 2 did</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*				
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>7</u> M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)				
(23) (Signature) <u>John Head</u>		(24) State whether Physician or Midwife		
(25) Address of Physician or Midwife				
Given name added from a supplemental report 19 Registrar		(26) Witness <u>Samuel Williams</u> (Signature of Witness necessary only when question 23 is signed by only) <u>E. A. Lane</u> (27) Filed <u>Feb. 19 1929</u> (28) 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.				

MARGIN OF COLUMBIA, COLUMBIA, S. C.