

## (1) PLACE OF BIRTH

County of ColletonTownship of 3 Lake

or

Inc. Town of

or

City of

(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

18271

Registration District No. 1402 Registered No. .... (For use of Local Registrar)

City of ..... (No. .... St.; .... Ward)

2) Full Name of Child Mary Williams If child is not yet named, make supplemental report as directed(1) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Age Parents Married? Yes (7) DATE OF BIRTH June, 10, 1912 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Robert Williams(9) PRESENT POSTOFFICE OF FATHER Green Pond S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE Fairfax S.C.(13) OCCUPATION Fireman S.C. R.W. 3(14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Albertha Williams(15) PRESENT POSTOFFICE OF MOTHER Green Pond S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Green Pond S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(21) I hereby certify that I attended the birth of this child, who was Albertha at 7 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Albertha Williams

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Green Pond S.C.

Given name added from a supplemental report

191.....

Registrar

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

(27) Filed June 24, 1912 (28) B. G. Higgins 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.

Registrar

LOCAL REGISTRAR.

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