

Form No. 1

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

71131

(1) PLACE OF BIRTH

County of oakenTownship of sleepy hollowInc. Town of Hall'sCity of thorneRegistration District No. 2.12Registered No. 161

(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. Daisy Mae Williams

If child is not yet named, make supplemental report as directed

(3) Boy GIRL?	(4) Birth <u>Birth</u> ?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug</u> , <u>6</u> , 191 <u>6</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME <u>Gerry Williams</u>	(11) AGE AT LAST BIRTHDAY <u>41</u> (Years)
(9) PRESENT POSTOFFICE OF FATHER <u>Jackson</u>	(12) BIRTHPLACE <u>Belverton no 2</u>
(10) COLOR <u>colored</u>	(13) OCCUPATION <u>farming</u>
(20) Number of children born to mother, including present birth	<u>11</u>

MOTHER.

(14) NAME BEFORE MARRIAGE <u>My Smith</u>	(17) AGE AT LAST BIRTHDAY <u>38</u> (Years)
(15) PRESENT POSTOFFICE OF MOTHER <u>Jackson</u>	(18) BIRTHPLACE <u>Greenhill Belverton</u>
(16) COLOR OR RACE <u>colored</u>	(19) OCCUPATION <u>farming</u>
(21) Number of children of this mother now living, including present birth	<u>11</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at C. O. Clock, Chm. on the date above stated. (Hour A. M. 2 P. M. 3)(23) (Signature) Midwife Mary E. Lake Oakman

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

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 8.30 1916 (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.

NO JOIN RESERVED FOR BINDING.

WRITE IN INK 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.

McCaw, of Columbia.