

Form No. 1

(1) PLACE OF BIRTH

County of Oak
 Township of Sleepy Hollow
 or
 Inc. Town of Hawthorne Registration District No. 2.12 Registered No. 66
 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
 71131

(2) Full Name of Child. Daisy Mae Williams } If child is not yet named, make supplemental report as directed

(3) ~~Is~~ GIRL? (4) ~~Birth~~ Color? (5) Number in order of birth _____ (6) Are Parents Married? yes (7) DATE OF BIRTH Aug, 6, 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

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

MOTHER.

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

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)
 (23) (Signature) Midwife Myrtle Jane O'Clock
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

..... 191.....
 Registrar

(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.

MAJON RESERVED FOR BINDING
 WRITE 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