

(1) PAGE OF BIRTH

County of Wm. BussTownship of Johns

Inc. Town of

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

83859

Registration District No. 4.304 Registered No. 1415

(For use of Local Registrar)

St.; Ward

(2) Full Name of Child Rachel Williams { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

Is he reported only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? No(7) DATE OF BIRTH Oct 24

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Williams(9) PRESENT POSTOFFICE OF FATHER Hamway S C(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmers(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Adeline Stone(15) PRESENT POSTOFFICE OF MOTHER Hamway S C(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Farm house(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P M. on the date above stated. (Born/alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Martha G. Coston(24) State whether Physician or Midwife (25) Address of Physician or Midwife Hamway S C

Given name added from a supplemental report

(26) Witness L. P. Coston

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

(27) Signed L. P. Coston (28) Local Registrar

When there was no attending physician or midwife, when 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 fourth month of pregnancy.

MARGIN RESERVED FOR BINDER.

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 OTHERS, No. 2, etc., in question 5.

McGraw-Hill of Columbia