

## (1) PLACE OF BIRTH

County of Flourence  
 Township of Lee

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only

52176

Inc. Town of ..... Registration District No. 2008 Registered No. 11  
 (For use of Local Registrar)  
 City of ..... (No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Samuel Williams { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or triplet? ✓ (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Mar 25  
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME McGuffie William(9) PRESENT POSTOFFICE OF FATHER Scranton Sc(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Sc(13) OCCUPATION Laborer on Farm(14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Annie Roberson(15) PRESENT POSTOFFICE OF MOTHER Scranton Sc(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Sc(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 5:30 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wmell Truett(24) State whether Physician or Midwife (25) Address of Physician or Midwife Scranton Sc

Given name added from a supplemental report

(26) Witness McGuffie William  
 (Signature of Witness necessary only when question 23 is signed by father)(27) Filed 4/1/16 (28) R. L. Carter 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 required at stillbirth before the fifth month of pregnancy.

WHEN PLACED IN THE SPACE PROVIDED HEREON, THIS IS A PERMANENT RECORD. IT IS NOT TO BE DESTROYED. IT IS TO BE KEPT IN A SEPARATE FILE FOR EACH CHILD, AND MUST BE KEPT IN A SEPARATE FILE FOR EACH CHILD, AND MUST BE KEPT IN A SEPARATE FILE FOR EACH CHILD.