

## (1) PLACE OF BIRTH

County of SumterTownship of Princetonor  
Inc. Town of .....or  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Louise Williams

File No.—For State Registrar Only

53906

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 4104 Registered No. 1817

(For use of Local Registrar)

(3) BOY OR  
GIRL Girl(4) Twin  
or triplet?(5) Number in  
order of birth(6) Are  
Parents  
Married? No(7) DATE OF BIRTH Mar 14

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME(9) PRESENT  
POSTOFFICE  
OF FATHER(10) COLOR  
OR  
RACE(11) AGE AT LAST  
BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to  
mother, including present birth2

## MOTHER.

(14) NAME BEFORE  
MARRIAGE(15) PRESENT  
POSTOFFICE  
OF MOTHER(16) COLOR  
OR  
RACE(17) AGE AT LAST  
BIRTHDAY

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother  
now living, including present birth1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 a  
on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Fannie Singleton

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

MidwifeTindal S. C. R. #1Given name added from a supplement-  
al report

191...

Registrar

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed Mar 18 1914(28) Silas B. Kolb

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.

MAKING RETURN OF THIS CHILD IN A PRELIMINARY REPORT, IN THE CASE OF TWINS OR TRIPLETS USE A SEPARATE FORM FOR EACH CHILD, AND MARK THE FIRST-BORN N. NO. 1, THE OTHERS N. NO. 2, ETC., IN QUESTION 2.

STATE OF SOUTH CAROLINA

DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

STATE BOARD OF HEALTH

FILE NO.—FOR STATE REGISTRAR ONLY

53906

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

BUREAU OF VITAL STATISTICS

STATE BOARD OF HEALTH

REGISTRATION DISTRICT NO. 4104 REGISTERED NO. 1817

(FOR USE OF LOCAL REGISTRAR)

(1) PLACE OF BIRTH

COUNTY OF SUMTER

TOWNSHIP OF PRINCETON

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.)

(2) FULL NAME OF CHILD Louise Williams

(3) BOY OR GIRL Girl

(4) TWIN OR TRIPLET?

(5) NUMBER IN ORDER OF BIRTH

(6) ARE PARENTS MARRIED? No

(7) DATE OF BIRTH Mar 14

(NAME OF MONTH) (DAY) (YEAR)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(YEARS)

(12) BIRTHPLACE

(13) OCCUPATION

(14) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH 2

MOTHER.

(14) NAME BEFORE MARRIAGE Louise Williams

(15) PRESENT POSTOFFICE OF MOTHER Sumter S. C. R. #2

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 20

(YEARS)

(18) BIRTHPLACE Charleston S. C.

(19) OCCUPATION day laborer

(21) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I HEREBY CERTIFY THAT I ATTENDED THE BIRTH OF THIS CHILD, WHO WAS born alive at 2 a on the date above stated. (Hour A. M. or P. M.)

(23) (SIGNATURE) Fannie Singleton

(24) STATE WHETHER PHYSICIAN OR MIDWIFE (25) ADDRESS OF PHYSICIAN OR MIDWIFE

Midwife Tindal S. C. R. #1

GIVEN NAME ADDED FROM A SUPPLEMENTAL REPORT

191...

REGISTRAR

(26) WITNESS Silas B. Kolb

(SIGNATURE OF WITNESS NECESSARY ONLY WHEN QUESTION 23 IS SIGNED BY MARK)

(27) FILED Mar 18 1914 (28) Silas B. Kolb

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.