

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Yasqui  
Township of Crosswatches

File No.—For State Registrar Only  
**90423**

Inc. Town of ..... Registration District No. 2600 Registered No. 74  
(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 Alex 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 ..... (6) Age of Parents Married? No (7) DATE OF BIRTH Dec. 10, 1916  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Charles Williams  
(9) PRESENT POSTOFFICE OF FATHER Ridgeland  
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 36 (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Teacher  
(14) Number of children born to mother, including present birth { ..... 2 .....

MOTHER.  
(14) NAME BEFORE MARRIAGE Kate Williams  
(15) PRESENT POSTOFFICE OF MOTHER Ridgeland S.C.  
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 32 (Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Fieldhand  
(21) Number of children of this mother now living, including present birth { ..... 2 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at Yasqui at 11:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Elizabeth Williams  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Yasqui

Given name added from a supplemental report  
....., 191.....  
Registrar

(26) Witness Paul D. Law  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 12/21/16 (28) Paul D. Law 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.

MARGIN RESERVED FOR BINDING.  
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 OTHER, No. 2, etc., in question 5.  
McCAW, of Columbia.