

Form No. 1

PLACE OF BIRTH

County of WayTownship of Windsor

The Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

15055

Registration District No. 1 Registered No. 15055

(For use of Local Registrar)

No. 1 St. Ward

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

Full Name of Child John William Williams If child is not yet named, make supplemental report as directed

(a) Twin or triplet? No (b) Number in order of birth 1 (c) Age of Parents 25 25 (d) DATE OF BIRTH Jan 15 1916
 (e) Give sex only, in event of twins or triplets. (f) Name of Month (Day) (Year)

FATHER

1. NAME BEFORE MARRIAGE John Williams
 2. PRESENT POSSESSION OF MOTHER John Williams
 3. COLOR White (4) AGE AT LAST BIRTHDAY 25 (Years)
 4. BIRTHPLACE Waynesville, N.C.
 5. OCCUPATION Farmer

MOTHER

1. NAME BEFORE MARRIAGE Marion Williams
 2. PRESENT POSSESSION OF MOTHER John Williams
 3. COLOR White (4) AGE AT LAST BIRTHDAY 25 (Years)
 4. BIRTHPLACE Waynesville, N.C.
 5. OCCUPATION Farmer

6. Number of children of the father now living, including present birth 18
 7. Number of children of the mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was John Williams (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(22) (Signature) John Williams
 (23) State whether Physician or Midwife. (24) Address of Physician or Midwife

Given name added from a supplemental report

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

(26) Filed Jan 25 1916. (27) Mrs. P. C. Williams 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.

WHERE CAUTION, WITH ENCLAVING 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, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.