

Form No. 10.

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.

Cav. of Columbia.

## (1) PLACE OF BIRTH

County of *Greenwood*Township of *Pinard*or  
Inc. Town of *Dyers*City of *D.C.*

(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

77397

Registration District No. *2308*Registered No. *18*

(For use of Local Registrar)

(2) Full Name of Child. *Sarah Williams*

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *Girl*

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Sept. 5, 1916*

(Name Month (Day) (Year))

## FATHER.

(8) FULL NAME *King Williams*(9) PRESENT POSTOFFICE OF FATHER *Dyers S.C.*(10) COLOR OR RACE *negro*(11) AGE AT LAST BIRTHDAY *44*

(Years)

(12) BIRTHPLACE *Greenwood Co*(13) OCCUPATION *Farmhand*(20) Number of children born to mother, including present birth *9*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Corry Hansguel*(15) PRESENT POSTOFFICE OF MOTHER *Dyers S.C.*(16) COLOR OR RACE *negro*(17) AGE AT LAST BIRTHDAY *36*

(Years)

(18) BIRTHPLACE *Greenwood Co*(19) OCCUPATION *Farmhand*(21) Number of children of this mother now living, including present birth *7*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *12* *PM* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *midwife*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Marie Christal*

Given name added from a supplemental report

191.....

Registrar

(26) Witness

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

(27) Filed *APR 8* 1916

(28)

1916

(29)

1916

(30)

1916

(31)

1916

(32)

1916

(33)

1916

(34)

1916

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.