

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.

State of Columbia.

(1) PLACE OF BIRTH  
 County of Greenwood STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health  
 Township of Pinard  
 or  
 Inc. Town of Dillon Registration District No. 2308 Registered No. 18  
 or  
 City of Dillon (No. 18 St.; 18 Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only  
77397

(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? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 5, 1916  
To be answered only in event of Twins or Triplets (Name Month) (Day) (Year)

FATHER.  
 (8) FULL NAME King Williams  
 (9) PRESENT POSTOFFICE OF FATHER Dillon S.C.  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 44  
 (12) BIRTHPLACE Greenwood Co  
 (13) OCCUPATION Farmhand  
 (20) Number of children born to mother, including present birth 9

MOTHER.  
 (14) NAME BEFORE MARRIAGE Corry Hansgeal  
 (15) PRESENT POSTOFFICE OF MOTHER Dillon S.C.  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 36  
 (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) Marie Christal  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Pinard, Dillon, S.C.

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) H. S. Sligh 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.