

FORM NO. 1.

(1) PLACE OF BIRTH

County of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of

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.)

(No.)

St.; Ward)

(2) Full Name of Child

Alvin Williams

File No.—For State Registrar Only

48266

Registered No. 13

(For use of Local Registrar)

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

No

(5) Number in order of birth

2

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Feb. 13

1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Hope Williams

(9) PRESENT POSTOFFICE OF FATHER

Ft Motte SC

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

23

(Years)

(12) BIRTHPLACE

Ft Motte SC.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Rebecca Carr

(15) PRESENT POSTOFFICE OF MOTHER

Ft Motte SC.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

18

(Years)

(18) BIRTHPLACE

Ft Motte SC.

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

2

(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 alive or stillborn on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Williams

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

Midwife Ft Motte SC.

Given name added from a supplemental report

(26) Witness Mary J. D. Stoudenmire

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

(27) Filed Feb. 19 1916 (28) J. D. Stoudenmire 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 PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. M. R.—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 3. McCaw, of Columbia.