

MARCH 1907
 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.

(1) PLACE OF BIRTH

County of Lee
 Township of Cypress
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
31036

Registration District No. 3001 Registered No.....
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 City of..... (No. St.; Ward)

(2) Full Name of Child Rosevelt Williams 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 6 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 18 1907
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Bennett Williams
 (9) PRESENT POSTOFFICE OF FATHER Lamar
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 34 (Years)
 (12) BIRTHPLACE Darlington Co
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 6

MOTHER.
 (14) NAME BEFORE MARRIAGE Mary Grooms
 (15) PRESENT POSTOFFICE OF MOTHER Lamar
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 27 (Years)
 (18) BIRTHPLACE Darlington
 (19) OCCUPATION Domestic
 (21) Number of children of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. L. L. & Samuel
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness S. L. L.
 (Signature of Witness necessary only when question 23 is signed by mark)

..... 19
 Registrar

(27) Filed 9/19 (28) W. H. L. 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.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.