

(1) PLACE OF BIRTH

County of *Adkins*Township of *Rocky Spring*or
Inc. Town ofor
City of

(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.

71139

Registration District No. *216*Registered No. *71*

(For use of Local Registrar)

St.; Ward

(2) Full Name of Child

Amis Williamson

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

(3) SEX OR
GIRL*Boy*(4) Twin
or Triplet(5) Number in
order of birth

to be answered only in event of Twins or Triplets

(6) Are
Parents
Married?(7) DATE OF
BIRTH*8 2 6*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME*West Williamson*(9) PRESENT
POSTOFFICE
OF FATHER*Wagner A. Co*(10) COLOR
OR
RACE*Magio*(11) AGE AT LAST
BIRTHDAY*48*
(Years)

(12) BIRTHPLACE

A. Co

(13) OCCUPATION

Farming(20) Number of children born to
mother, including present birth*4*(14) NAME BEFORE
MARRIAGE*Magie Williams*(15) PRESENT
POSTOFFICE
OF MOTHER*Wagner A. Co*(16) COLOR
OR
RACE*Magie*(17) AGE AT LAST
BIRTHDAY*36*
(Years)

(18) BIRTHPLACE

A. Co

(19) OCCUPATION

Housewife(21) Number of children of this mother
now living, including present birth*4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *11 P.* M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Earl H. Smith*

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

Given name added from a supplement
report

....., 191.....

.....
Registrar

(26) Witness

W. H. Smith
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed *8-7-1916*

(28)

W. H. Smith
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.
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