

**CERTIFICATE OF BIRTH**

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No. — For State Registrar Only  
**72661**

(1) PLACE OF BIRTH  
County of Florence  
Township of .....

OR  
Inc. Town of ..... Registration District No. 70 A Registered No. 198  
OR  
City of Florence (No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child James Williams | If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH August 2, 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME James Williams  
(9) PRESENT POSTOFFICE OF FATHER Florence  
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 27  
(Years)  
(12) BIRTHPLACE Florence  
(13) OCCUPATION Ice factory  
(14) Number of children born to mother, including present birth 3

**MOTHER.**

(14) NAME BEFORE MARRIAGE Beulah Jordan  
(15) PRESENT POSTOFFICE OF MOTHER Florence  
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 25  
(Years)  
(18) BIRTHPLACE Florence  
(19) OCCUPATION House wife  
(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 at A. P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. P. Mobley  
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Florence, 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 Aug. 5, 1916 (28) M. P. Mobley, R.S. 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. 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. McCaw of Columbia.