

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.

(1) PLACE OF BIRTH

County of Williamsburg
 Township of Penn
 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

87814

Registration District No. 4308 Registered No. 107
 (For use of Local Registrar)

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 6th 18
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harrison Williams
 (9) PRESENT POSTOFFICE OF FATHER Bryan, S. C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 25 (Years)
 (12) BIRTHPLACE Williamsburg Co., S. C.
 (13) OCCUPATION Farm laborer
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca Burrow
 (15) PRESENT POSTOFFICE OF MOTHER Bryan, S. C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 18 (Years)
 (18) BIRTHPLACE Williamsburg Co., S. C.
 (19) OCCUPATION Farm laborer
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) James Doster (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Bryan, S. C.

Given name added from a supplemental report

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

(27) Filed Nov. 13th 18 (28) Albert B. Moseley 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.