

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

County of Mecklenburg

STATE OF SOUTH CAROLINA.

53975

Bureau of Vital Statistics
State Board of Health

Township of Boysville

Inc. Town of Registration District No. 4201 Registered No. 4
(For use of Local Registrar)

City of (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. Hanna K. Williams If child is not yet named, make supplemental report as directed

(3) ~~BOY OR~~ GIRL? (4) ~~1st~~ or 2nd? (5) Number in order of birth 3 (6) Are Parents Married? yes (7) DATE OF BIRTH Mar. 6, 1916
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Bennie Williams

(14) NAME BEFORE MARRIAGE Lillie Keet

(9) PRESENT POSTOFFICE OF FATHER Buffalo S.C. R.F. #1

(15) PRESENT POSTOFFICE OF MOTHER Buffalo S.C. R.F. #1

(10) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 28 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)

(11) BIRTHPLACE Union County

(18) BIRTHPLACE Mecklenburg County

(13) OCCUPATION Teacher

(19) OCCUPATION None

(20) Number of children born to mother, including present birth 3

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. P. McCalister
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Mecklenburg S.C.

Given name added from a supplemental report

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

..... 191.....
Registrar

(27) Filed Filed 19116 (28) J. Boyd Laney 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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WHICH 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 N. No. 1, THE OTHER, No. 2, etc., in question 5.
MCCAW, of Columbia