

(1) PLACE OF BIRTH

County of UnionTownship of Bogusville

OR

Inc. Town of

OR

City of

(No. .... St.; .... Ward)  
(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

53975

Registration District No. 4201 Registered No. 4

(For use of Local Registrar)

(2) Full Name of Child. Hanna L. Williams If child is not yet named, make supplemental report as directed(3) ~~BOY OR~~  
GIRL?(4) ~~1st~~  
or 2nd?

(To be answered only in case of twins or triplets)

(5) Number in  
order of birth

3

(6) Are  
Parents  
Married? yes(7) DATE OF BIRTH Mar. 6, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAMEBennie Williams(9) PRESENT  
POSTOFFICE  
OF FATHERBuffalo S.C. R.F. #1(10) COLOR  
OR  
RACEWhite(11) AGE AT LAST  
BIRTHDAY28  
(Years)

(12) BIRTHPLACE

Union County

(13) OCCUPATION

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

3

## MOTHER.

(14) NAME BEFORE  
MARRIAGELillie Keet(15) PRESENT  
POSTOFFICE  
OF MOTHERBuffalo S.C. R.F. #1(16) COLOR  
OR  
RACEWhite(17) AGE AT LAST  
BIRTHDAY23  
(Years)

(18) BIRTHPLACE

Union County

(19) OCCUPATION

None(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. McCaw

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

Union S.C.Given name added from a supplement-  
tal report

(26) Witness

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

(27) Filed

Filed 1916

(28)

J. Boyd Lancaster  
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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WHEN PLACED IN THIS SPACE, 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