

Form No. 1

(1) PLACE OF BIRTH
County of *York*
Township of *Pocotaligo*
OR
Inc. Town of
OR
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

60690

Registration District No. *260/* Registered No. *24*
(For use of Local Registrar)

(2) Full Name of Child *Senie [redacted] Williams* { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *girl* (4) Twin *one* (5) Number in order of birth *2* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *7/23* 191*6*
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME *John Williams*
(9) PRESENT POSTOFFICE OF FATHER *Earle Branch*
(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *48* (Years)
(12) BIRTHPLACE *Leeds, Colleton County*
(13) OCCUPATION *Farm*
(14) Number of children born to mother, including present birth *10*

MOTHER.
(14) NAME BEFORE MARRIAGE *Essie Polite*
(15) PRESENT POSTOFFICE OF MOTHER *Earle Branch*
(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *28* (Years)
(18) BIRTHPLACE *Hampton County*
(19) OCCUPATION *House Wife*
(20) Number of children of this mother now living, including present birth *10*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born* at *10* *A.M.*, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *L. J. Frazier*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Medwife Coasawhatchie*

Given name added from a supplemental report

(26) Witness *M. J. Frazier*
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *5/1* 191*6* (28) *P. J. O. Smith Jr.* 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCall of Columbia