

FOR NO. 1. THE OTHER, No. 2, etc., in question 5.

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.

McGraw, of Columbia.

(1) PLACE OF BIRTH County of <u>Liberty</u> Township of <u>Liberty</u> or Inc. Town of <u>Liberty</u> or City of <u>Liberty</u> (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For state Registrar Only <b>87296</b>	
(2) Full Name of Child		Registration District No. <u>40-0</u>		Registered No. <u>391-424</u> (For use of Local Registrar)	
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>1</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 1 1916</u> (Name of Month) (Day) (Year)	
<b>FATHER.</b>			<b>MOTHER.</b>		
(8) FULL NAME <u>J. B. Williams</u>			(14) NAME BEFORE MARRIAGE <u>Dallie Cane</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Liberty S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Liberty S.C.</u>		
(10) COLOR OR RACE <u>W</u>		(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>W</u>		(17) AGE AT LAST BIRTHDAY <u>2</u> (Years)
(12) BIRTHPLACE <u>Liberty S.C.</u>			(18) BIRTHPLACE <u>Ham Co. N.C.</u>		
(13) OCCUPATION <u>Clark Co. Railway</u>			(19) OCCUPATION <u>Lawyer</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b>					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> , at <u>Liberty</u> , S.C., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>G. F. Williams</u>					
(24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Liberty S.C.</u>					
Given name added from a supplemental report ....., 191..... ..... Registrar			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>Oct 1 1916</u> (27) Filled <u>Oct 1 1916</u> (28) <u>Jas. Copes</u> 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. 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.					