

Form No 1.

## (1) PLACE OF BIRTH

County of RocklandTownship of Lower

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

OFFICE OF SUPER CLERK

Division of Vital Statistics

State Board of Health

File No. For this Registry

66085

Registration District No. 5823 Registered No. 188

(For use of Local Registrar)

(2) Full Name of Child Ruth Williams

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

(3) SEX- GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>June 22, 1886</u> (Month & Year) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>Nathan Williams</u>	(9) NAME BEFORE MARRIAGE <u>Ethel Williams</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Easton SC</u>	(11) PRESENT POSTOFFICE OF MOTHER <u>Easton</u>
(12) COLOR OR RACE <u>Negro</u>	(13) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(14) COLOR OR RACE <u>Negro</u>	(15) AGE AT LAST BIRTHDAY <u>18</u> (Years)
(16) BIRTHPLACE <u>SC</u>	(17) OCCUPATION <u>Farmer</u>	(18) BIRTHPLACE <u>SC</u>	(19) OCCUPATION <u>Housewife</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>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 2.30 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Frank Johnson

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

Midwife EASTON

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed)

(27) Date July 10, 1886 (28) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child is born even once, it must not be reported as stillborn. No report is desired of stillbirths before the third month of pregnancy.

MARGIN RESERVED FOR BINDING. THIS IS A PERMANENT RECORD.  
 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.