

MARGIN RESERVED FOR BINDING.  
 WRITE 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, No. 1. THE OTHER, No. 2, etc., in question 5.  
 BUREAU OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Bartholomew  
 Township of Williston  
 or  
 Inc. Town of .....  
 or  
 City of Williston S.C.

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 St.; ..... Ward)

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**63178**

Registration District No. 573 Registered No. ....  
 (For use of Local Registrar)

(2) Full Name of Child

No Name

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 26 1916  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mo Dennis  
 (9) PRESENT POSTOFFICE OF FATHER Williston S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29  
 (12) BIRTHPLACE Georgia  
 (13) OCCUPATION Team Hand  
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Eula Owens  
 (15) PRESENT POSTOFFICE OF MOTHER Williston S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20  
 (18) BIRTHPLACE Orangeburg Co  
 (19) OCCUPATION House wife  
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Smith M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Williston S.C.

Given name added from a supplemental report

(26) Witness

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

19 ..  
 Registrar

(27) Filed

19 ..

(28)

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.