

(1) PLACE OF BIRTH

County of **FLORENCE, S. C.**Township of **FLORENCE, S. C.**or
Inc. Town ofor
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

42820

Registration District No. **205**Registered No. **108**
(For use of Local Registrar)

(2) Full Name of Child

Oswell Williams

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

(3) BOY OR GIRL? Boy	(4) Twin or Triplet? X	(5) Number in order of birth X	(6) Are Parents Married? Yes	(7) DATE OF BIRTH Dec 16 1915 (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME Henry Williams			(14) NAME BEFORE MARRIAGE Ellis Wilson	
(9) PRESENT POSTOFFICE OF FATHER FLORENCE, S. C.			(15) PRESENT POSTOFFICE OF MOTHER FLORENCE, S. C.	
(10) COLOR OR RACE Cauc	(11) AGE AT LAST BIRTHDAY 24 (Years)	(16) COLOR OR RACE Cauc	(17) AGE AT LAST BIRTHDAY 17 (Years)	
(12) BIRTHPLACE FLORENCE, S. C.			(18) BIRTHPLACE FLORENCE, S. C.	
(13) OCCUPATION Farmer			(19) OCCUPATION Farmer	
(20) Number of children born to mother, including present birth 1			(21) Number of children of this mother now living, including present birth 1	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was **all** at **FA** M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) **Dr. J. J. Jackson**
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
FLORENCE, S. C.Given name added from a supplemental report
..... 191.....
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Registrar(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Dec 14 1915
(27) Filed **Dec 14 1915** (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.

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 N. No. 1. THE OTHERS, No. 2, etc., in question 5.
McLain, of Columbia