

(1) PLACE OF BIRTH

County of BeaufortTownship of St. HelenaInc. Town of orCity of or

(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

63219

Registration District No. 604 Registered No. 89

(For use of Local Registrar)

(2) Full Name of Child Billy Williams

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

| | | | | |
|-----------------------------|----------------------|--|--------------------------|---|
| (3) BOY OR GIRL? <u>Boy</u> | (4) Twin or Triplet? | (5) Number in order of birth <small>To be answered only in event of Twins or Triplets</small> | (6) Are Parents Married? | (7) DATE OF BIRTH <u>June 20, 1916</u> <small>(Name of Month) (Day) (Year)</small> |
|-----------------------------|----------------------|--|--------------------------|---|

FATHER.

| | |
|--|--|
| (8) FULL NAME | (11) AGE AT LAST BIRTHDAY <u>(Years)</u> |
| (9) PRESENT POSTOFFICE OF FATHER | |
| (10) COLOR OR RACE | |
| (12) BIRTHPLACE | |
| (13) OCCUPATION | |
| (20) Number of children born to mother, including present birth { <u>3</u> } | |

MOTHER.

| | |
|---|---|
| (14) NAME BEFORE MARRIAGE <u>Lucia Williams</u> | (17) AGE AT LAST BIRTHDAY <u>22</u> <small>(Years)</small> |
| (15) PRESENT POSTOFFICE OF MOTHER <u>Fragmont SC.</u> | |
| (16) COLOR OR RACE <u>Negro</u> | |
| (18) BIRTHPLACE <u>Fragmont SC.</u> | |
| (19) OCCUPATION <u>Farmer</u> | |
| (21) Number of children of this mother now living, including present birth { <u>Three</u> } | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. M. F. Williams(24) State whether Physician or Midwife (25) Midwife of Physician or Midwife

Given name added from a supplemental report

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Registrar

(26) Witness L. N. Macdonald
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 24, 1916 (28) Geo. H. Crocker
Local Registrar.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, 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.

McCaw, of Columbia

*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.