

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. 74994 For State Registrar Only

County of Union

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of Across Keys

or
Inc. Town of St. L.

Registration District No. 4210

Registered No. 36
(For use of Local Registrar)

City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mary Williams

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 12, 1914</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Charley William

(9) PRESENT POSTOFFICE OF FATHER St. L. S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE Union S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 3 }

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Whitmire

(15) PRESENT POSTOFFICE OF MOTHER St. L. S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Union S.C.

(19) OCCUPATION Farmer 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 220 P M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Tiddy Humphreys

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Across Keys S.C.

Given name added from a supplemental report
....., 191.....
..... Registrar

(26) Witness Albin Mosely
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 191..... (28) Al. Mosely 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, No. 1. THE OTHER, No. 2, etc., in question 5.
 McCaw, of Columbia.