

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

74994

County of UnionTownship of Deross KeysInc. Town of S.C.Registration District No. 4210Registered 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> <small>To be answered only in event of Twins or triplets</small>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 12</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

MOTHER.

(8) FULL NAME <u>Harley William</u>	(14) NAME BEFORE MARRIAGE <u>Mattie Whitman</u>
(9) PRESENT POSTOFFICE OF FATHER <u>S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>S.C.</u>
(10) COLOR OR RACE <u>Black</u>	(16) COLOR OR RACE <u>Black</u>
(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)
(12) BIRTHPLACE <u>Union S.C.</u>	(18) BIRTHPLACE <u>Union S.C.</u>
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farmer wife</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>2</u>

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) T. D. Humphreys

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

midwife Deross Keys S.C.

Given name added from a supplemental report

(26) Witness Albin Mosely
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 191 (28) Dr. 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.