

Form No. 1.

## (1) PLACE OF BIRTH

County of

Township of

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

56099

Registration District No. 22 12 Registered No. 1 2  
 (For use of Local Registrar)  
 (No. Williams)  
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Wm. A. Williams

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Age Parents Married? No (7) DATE OF BIRTH April 8 1914  
 (Name of Month) (Day) (Year)

(8) FULL NAME Abner A. Williams (9) NAME BEFORE MARRIAGE Bessie Williams  
 (10) PRESENT POSTOFFICE OF FATHER Pelzer St. (11) PRESENT POSTOFFICE OF MOTHER Pelzer St.  
 (12) COLOR OR RACE Colored (13) AGE AT LAST BIRTHDAY 22 (14) COLOR OR RACE Colored (15) AGE AT LAST BIRTHDAY 23  
 (16) BIRTHPLACE SE (17) BIRTHPLACE SE  
 (18) OCCUPATION farming (19) OCCUPATION farming  
 (20) Number of children born to mother, including present birth 2 (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 Born, on the date above stated.(23) (Signature) Eliza D. Davis

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

Given name added from a supplemental report

191...

Registrar

(26) Witness Loria Williams  
 (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed April 1914 (28) W. A. Ross  
 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

NOTE—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.

McClaw, of Columbia.