

(1) PLACE OF BIRTH

County of Greenville
 Township of Flower Me

or
 Inc. Town of

City of (No. St.; Ward)
 (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
85602

Registration District No. 2005 Registered No. 159
 (For use of Local Registrar)

(2) Full Name of Child Bennie Williams If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 20 1916
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Williams
 (9) PRESENT POSTOFFICE OF FATHER Flower N 2
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 22 (Years)
 (12) BIRTHPLACE Flower Co
 (13) OCCUPATION farm hand
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Washington
 (15) PRESENT POSTOFFICE OF MOTHER Flower R 2
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 19 (Years)
 (18) BIRTHPLACE Flower Co
 (19) OCCUPATION farm hand
 (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 alive at 5 P.M. (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) Sarah E. Eber
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness N. H. Hearn
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed W. H. Hearn 1916 (28) N. H. Hearn 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.

N. H.—In case of TWINS OR TRIPLETS use a SEPARATE FORM, FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGaw of Columbia