

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only
64520

(1) PLACE OF BIRTH
 County of Greenville
 Township of Durham
 or
 Inc. Town of Registration District No. 2205 Registered No. 512
 or
 City of (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) ~~BOY OR~~ GIRL? (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? (7) DATE OF BIRTH Jan 15 1916
To be completed only in case of Twins or Triplets
(Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Willie Williams
 (9) PRESENT POSTOFFICE OF FATHER Princeton SC
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 27
(Years)
 (12) BIRTHPLACE Sumter Co SC
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Cary Jones
 (15) PRESENT POSTOFFICE OF MOTHER Princeton SC
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 25
(Years)
 (18) BIRTHPLACE Sumter Co SC
 (19) OCCUPATION Farmers wife
 (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 1:30 P M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) E. M. Jones
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filled Jan 16 1916 (28) C. D. Smith 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. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-HORN, No. 1. THE OTHER, No. 2, etc., in question 5.