

(1) PLACE OF BIRTH

County of Durham
Township of Durhamor
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Corabella WilliamsFile No.—For State Registrar Only
64520Registered No. 512
(For use of Local Registrar)

St.; Ward)

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

(3) ~~NEW-BORN~~
GIRL?(4) Twin
or Triplet? X(5) Number in
order of birth 1(6) Are
Parents
Married? Yes(7) DATE OF
BIRTH June 15

(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 21
(Years)(12) BIRTHPLACE
Princeton SC(13) OCCUPATION
Farmer(20) Number of children born to
mother, including present birth 1

MOTHER.

(14) NAME BEFORE
MARRIAGE Cary Jane(15) PRESENT
POSTOFFICE
OF MOTHER Princeton SC(16) COLOR
OR
RACE Black (17) AGE AT LAST
BIRTHDAY 25
(Years)(18) BIRTHPLACE
Princeton SC(19) OCCUPATION
Farmer's 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. Williams

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

Given name added from a supplement
report(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed June 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

Caw. of Columbia