

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

76420

(1) PLACE OF BIRTH

County of *Charleston*

Township of *Calvary*

or
Inc. Town of Registration District No. *1301* Registered No. *138*
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 *Harry Williams* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <i>2</i>	(6) Are Parents Married? <i>no</i>	(7) DATE OF BIRTH <i>Sept. 20, 1916</i> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME _____

(9) PRESENT POSTOFFICE OF FATHER _____

(10) COLOR OR RACE _____ (11) AGE AT LAST BIRTHDAY _____ (Years)

(12) BIRTHPLACE _____

(13) OCCUPATION _____

(20) Number of children born to mother, including present birth *Two*

MOTHER.

(14) NAME BEFORE MARRIAGE *Green Williams*

(15) PRESENT POSTOFFICE OF MOTHER *Pinnwood*

(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *27* (Years)

(18) BIRTHPLACE *SC*

(19) OCCUPATION *Cook*

(21) Number of children of this mother now living, including present birth *one*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Boy* at *9:30 A* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Walter Johnson*
(24) State whether Physician or Midwife *midwife* (25) Address of Physician or Midwife *Pinnwood SC*

Given name added from a supplemental report

..... 191.....
Shirley J. Cook
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *10/1/16* 191..... (28) *Shirley J. Cook* 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.