

(1) PLACE OF BIRTH

County of *Bladen*Township of *Wilmington*

Inc. Town

or *Bladwell*City of *Bladwell*

(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

62782

Registration District No. *104*Registered No. *39*

(For use of Local Registrar)

(2) Full Name of Child *Infant Mary Williams*

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

(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Jan. 14 1916</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>Nathaniel Williams</i>	(14) NAME OF MARRIAGE <i>Emma Fair</i>			
(9) PRESENT POSTOFFICE OF FATHER <i>Bladwell</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Bladwell</i>			
(10) COLOR OR RACE <i>W</i>	(11) AGE AT LAST BIRTHDAY <i>43</i> (Years)	(16) COLOR OR RACE <i>W</i>	(17) AGE AT LAST BIRTHDAY <i>27</i> (Years)	
(12) BIRTHPLACE <i>Bladwell S.C.</i>	(18) BIRTHPLACE <i>Bladwell S.C.</i>			
(13) OCCUPATION <i>Fair</i>	(19) OCCUPATION <i>Housewife</i>			
(20) Number of children born to mother, including present birth <i>8</i>	(21) Number of children of this mother now living, including present birth <i>6</i>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *at* at *1 P.* M.,
born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) *Nathaniel Williams*(24) State whether Physician or Midwife: *Physician* (25) Address of Physician or Midwife
Bladwell

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness *E. L. Tolman*

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

(27) Filed *Jan 16 1916* (28) *E. L. Tolman*
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.