

(1) PLACE OF BIRTH

County of Barnwell

Township of

or
Inc. Town of Blackvilleor
City of

(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

58678

Registration District No. 5-A Registered No. 7

(For use of Local Registrar)

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number or order of birth	(6) Are <u>Yes</u> Parents <u>Married?</u>	(7) DATE OF BIRTH <u>April 25</u> 19 <u>16</u> (Name of Month) (Day) (Year)
-----------------------------	---------------------------------	---	--	--

FATHER.

(8) FULL NAME James Williams(9) PRESENT POSTOFFICE OF FATHER Blackville, S. C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE S. C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth } Three

MOTHER.

(14) NAME BEFORE MARRIAGE Isabel Jackson(15) PRESENT POSTOFFICE OF MOTHER Blackville, S. C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE S. C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth } Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2:30 P.M. on the date above stated. (Born alive at birth) (Hour 2:30 or P. M.)(23) (Signature) Marrietta K. Harley(24) State whether Physician or Midwife (25) Address of Physician or MidwifeMidwife Blackville, S. C., R. F. D.

Given name added from a supplemental report

19116

Registrar

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

(27) Filed 20 May 1916 (28) E. F. Hammond 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.

MARGENTHE-RECORDS-RECORDING
 WHERE PLACED, 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.