

REGISTRATION DISTRICT NO. 1572  
 COUNTY OF DARLINGTON  
 TOWNSHIP OF CLYDE  
 CITY OF  
 STATE OF SOUTH CAROLINA  
 BUREAU OF VITAL STATISTICS  
 STATE BOARD OF HEALTH  
 FILE NO. 85281  
 REGISTERED NO. 43  
 DATE OF BIRTH OCT 22 1916  
 NAME OF CHILD NANNIE WILLIAMS  
 FATHER CORBETH WILLIAMS  
 MOTHER NIZZIE JACKSON  
 PLACE OF BIRTH HARTWILLE SC  
 OCCUPATION FARMING  
 REGISTRAR  
 FILED DEC 9 1916  
 LOCAL REGISTRAR

(1) PLACE OF BIRTH  
 County of Darlington  
 Township of Clyde  
 or  
 Inc. Town of .....  
 or  
 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  
**85281**

Registration District No. 1572 ... Registered No. 43 ...  
 (For use of Local Registrar)

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

(3) ~~BOY~~ OR GIRL? Girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 22 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Corbeth Williams  
 (9) PRESENT POSTOFFICE OF FATHER Hartsville SC  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22  
 (12) BIRTHPLACE Darlington County  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 1

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Nizzie Jackson  
 (15) PRESENT POSTOFFICE OF MOTHER Hartsville SC  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19  
 (18) BIRTHPLACE Darlington County  
 (19) OCCUPATION Housewife  
 (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 Born Alive ... at 5 ... P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Maesta Nicholson  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife W. B. S.

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

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Dec 9 1916 (28) H. L. McLean 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.