

(1) PLACE OF BIRTH

County of AndersonTownship of Baron

Inc. Town of

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

58608

Registration District No. 3.1.5 Registered No. 60

(For use of Local Registrar)

(2) Full Name of Child. Mary Lee 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 5(6) Are Parents Married? Yes(7) DATE OF BIRTH Mar. 12 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Dayton Williams(9) PRESENT POSTOFFICE OF FATHER Pendleton S.C. R#1(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Anderson, Co. S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 6

MOTHER.

(15) NAME BEFORE MARRIAGE Lena Scott(16) PRESENT POSTOFFICE OF MOTHER Pendleton S.C. R#1(17) COLOR OR RACE Black(18) AGE AT LAST BIRTHDAY 26 (Years)(19) BIRTHPLACE Anderson Co. S.C.(20) OCCUPATION Farmer Laborer(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mollie Owens(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Pendleton S.C. R#1

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed 6/9 1916 (28) M. L. Casey

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.

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