

FORM NO. 8. MARBEN RESERVEED FOR BINDING. WHITE PLAINS. WITH LEADING INR—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 3.

(1) PLACE OF BIRTH

County of Anderson  
Township of Williamston

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only  
**63073**

Inc. Town of ..... or .....  
City of ..... (No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 314 Registered No. 33  
(For use of Local Registrar)

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

(3) BOY OR GIRL? boy (4) Twin or Triplet? — (5) Number in order of birth 1st (6) Are Parents Married? W (7) DATE OF BIRTH June 14 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. I. Fowler  
(9) PRESENT POSTOFFICE OF FATHER Plyer SC  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 20 (Years)  
(12) BIRTHPLACE Anderson County  
(13) OCCUPATION Farmer Laborer  
(14) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Lebbie Williams  
(15) PRESENT POSTOFFICE OF MOTHER Plyer SC  
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 16 (Years)  
(18) BIRTHPLACE Anderson County  
(19) OCCUPATION Domestic  
(20) 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 Alive at 2 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. R. Steady  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Plyer SC

Given name added from a supplemental report

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

(27) Filed 7/10 1916 (28) Chas. H. Pomeroy 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.