

Form No. 1

(1) PLACE OF BIRTH

County of Cherokee

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

45710

Township of Draytonville

or

Inc. Town of

or

City of

Registration District No. 1001 Registered No. 9

(For use of Local Registrar)

(No. St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(Name of Month) (Day) (Year)

To be answered only in case of Twins or Triplets

FATHER.

(8) FULL NAME

Frank Williams

(9) PRESENT POSTOFFICE OF FATHER

Jefferson S. C.

(10) COLOR OR RACE

Col.

(11) AGE AT LAST BIRTHDAY

30 (Years)

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

Farming

(20) Number of children born to mother, including present birth

7

MOTHER.

(14) NAME BEFORE MARRIAGE

Sallie Jackson

(15) PRESENT POSTOFFICE OF MOTHER

Jefferson S. C.

(16) COLOR OR RACE

Col.

(17) AGE AT LAST BIRTHDAY

27 (Years)

(18) BIRTHPLACE

White Stone Spg Co.

(19) OCCUPATION

Farming

(21) Number of children of this mother now living, including present birth

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ellen G. Dawkins

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

MidwifeJefferson S. C.

Given name added from a supplemental report

(26) Witness Hattie Jackson (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 2 1916 (28) C. C. Green 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.

WRITE PLAINLY, 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 this FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Caw. of Columbia