

\*By Court Order Nov. 17, 1972: Elliott Samuel Houston

## (1) PLACE OF BIRTH

County of ChesterfieldTownship of Pea DeeOR  
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

80908

Registration District No. 1208 Registered No. 18

(For use of Local Registrar)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>July, 22, 1916</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME William Hairston(9) PRESENT POSTOFFICE OF FATHER Society Hill S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE North Carolina(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth Four

## MOTHER.

(14) NAME BEFORE MARRIAGE Leda Lucas(15) PRESENT POSTOFFICE OF MOTHER Society Hill S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Chesterfield Co(19) OCCUPATION Farm hand(21) Number of children of this mother now living, including present birth Four

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Patty Williams

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

Midwife | Society Hill

Given name added from a supplemental report

No. #5532Filed 1-17-1974

Registrar

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

(27) Filed Oct 10, 1916: (28) D. S. Mathesonby E.M. 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.

MARGIN RESERVED FOR BINDING.

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 the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.