

(1) PLACE OF BIRTH

County of SumterTownship of Kathay C. A. K.

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

66442

Registration District No. 4-1-1-1Registered No. 56

(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

Rebecca Williams

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth 2

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

William Williams

(9) PRESENT POSTOFFICE OF FATHER

Kendall SC

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE

Sumter Co SC

(13) OCCUPATION

Field Laborer

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Lloyd

(15) PRESENT POSTOFFICE OF MOTHER

Kendall SC

(16) COLOR OR RACE

negro(17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE

Sumter Co SC

(19) OCCUPATION

House Wife

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary X Lloyd

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

Midwife Kendall SC

Given name added from a supplemental report

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

(27) Filed June 15 1916 (28) W. H. Haller Local Registrar

*When there was no attending physician or midwife, then the father, household, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is required of stillbirths before the fifth month of pregnancy.

Fifth month of pregnancy.

Form No. 10. McCaw, of Columbia. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE REPORT for each child, and attach the same to this report.