

Form No. 10.

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.

Caw. of Columbia.

McCauley

(1) PLACE OF BIRTH

County of

Township of

or

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 Register Only

55926

Registration District No.

2101

Registered No.

24

(For use of Local Registrar)

(2) Full Name of Child

George Washington 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

(6) Are

Parents

Married?

(7) DATE OF

BIRTH

(Month of Month) (Day) (Year)

FATHER.

(8) FULL

NAME

George Washington Williams

(9) PRESENT

POSTOFFICE

OF FATHER

Sampson SC

(10) COLOR

OR

RACE

Negro

(11) AGE AT LAST

BIRTHDAY

34

(Years)

(12) BIRTHPLACE

Georgetown - Conty SC

(13) OCCUPATION

Farmer

(14) Number of children born to

mother, including present birth

4

(14) NAME BEFORE

MARRIAGE

Jane Hawkins

(15) PRESENT

POSTOFFICE

OF MOTHER

Sampson SC

(16) COLOR

OR

RACE

Negro

(17) AGE AT LAST

BIRTHDAY

31

(Years)

(18) BIRTHPLACE

Georgetown - Co SC

(19) OCCUPATION

Homemaker

(20) 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 born alive or stillborn, on the date above stated.

(23) (Signature)

George W. Williams, Father

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

Given name added from a supplemental report

191

Registrar

(26) Witness

J. M. Bailey

Signature of Witness necessary only

when question 23 is signed by mark)

(27) FILED

1916

(28)

R. W. Bailey

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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