

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.

## (1) PLACE OF BIRTH

County of Wm.burgTownship of Indianor  
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

75104

Registration District No. 4303 Registered No. 65

(For use of Local Registrar)

(2) Full Name of Child Sallie Williams { If child is not yet named, make supplemental report as directed(3) BOY OR  
~~GIRL?~~(4) Twin  
or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in  
order of birth(6) Are  
Parents  
Married? Yes

(7) DATE OF

BIRTH Aug. 10 1914  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME Cuba Williams(9) PRESENT  
POSTOFFICE  
OF FATHERNot(10) COLOR  
OR  
RACE B(11) AGE AT LAST  
BIRTHDAY 37  
(Years)

(12) BIRTHPLACE

Wm. burg

(13) OCCUPATION

farmer(20) Number of children born to  
mother, including present birth{ 9 }

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Leenie Coraway(15) PRESENT  
POSTOFFICE  
OF MOTHERNot(16) COLOR  
OR  
RACE B(17) AGE AT LAST  
BIRTHDAY 27  
(Years)

(18) BIRTHPLACE

Wm. burg

(19) OCCUPATION

House wife(21) Number of children of this mother  
now living, including present birth{ 8 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

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

Given name added from a supplement-  
tal report

191....

Registrar

(26) Witness

A. J. Williams(Signature of Witness necessary only  
when question 23 is signed by mark)

(27) Filed

Aug. 1914

(28)

L. C. Daniel

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.