

## (1) PLACE OF BIRTH

County of BeaufortTownship of St. Helena

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 Registrar Only

63225

Registration District No. 604 Registered No. 95

(For use of Local Registrar)

(2) Full Name of Child Frank Williams

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of twins or triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Frank Williams(9) PRESENT POSTOFFICE OF FATHER Frogmore, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Grace Withers(15) PRESENT POSTOFFICE OF MOTHER Frogmore, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was live at 6 P M. on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)(23) (Signature) Grace Withers

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

Midwife Frogmore, S.C.

Given name added from a supplemental report

(26) Witness A. W. Davis

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

(27) Filed 7/10 1916 (28) Geo. H. Hocker

Local Registrar.

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.  
McCauley, of Columbia

\*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.