

## (1) PLACE OF BIRTH

County of FairfieldTownship of 15

Inc. Town of .....

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

52105

Registration District No. 1914 Registered No. 11

(For use of Local Registrar)

(2) Full Name of Child Margie 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

To be answered only in case of twins or triplets

(6) Are  
Parents  
Married? Yes(7) DATE OF Feb 2  
BIRTH 1916  
(Name of Month) (Day) (Year)(8) FULL  
NAME

FATHER.

Charles Williams(9) PRESENT  
POSTOFFICE  
OF FATHERStrother, S.C.(10) COLOR  
OR  
RACE negro(11) AGE AT LAST 30  
BIRTHDAY (Years)

(12) BIRTHPLACE

Fairfield Co. S.C.

(13) OCCUPATION

Farmer(20) Number of children born to  
mother, including present birth{ 2 }(14) NAME BEFORE  
MARRIAGE

MOTHER.

Mary Ashford(15) PRESENT  
POSTOFFICE  
OF MOTHERStrother S.C.(16) COLOR  
OR  
RACE negro(17) AGE AT LAST 21  
BIRTHDAY (Years)

(18) BIRTHPLACE

Fairfield Co. S.C.

(19) OCCUPATION

Housewife(21) 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 alive, at 12 M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Auna Lyles M. wife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Monticello S.C.Given name added from a supplemen-  
tal report

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed Feb 6

1916

(28)

J. A. Scott

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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

McCaw, of Columbia.