

Form No. 1

(1) PLACE OF BIRTH

County of *Greenville*
 Township of *Verderburg*
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

43152

Registration District No. *2313* Registered No. *47*
 (For use of Local Registrar)

City of (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 *Charles Williams, Jr.* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? *No* (5) Number in order of birth *1st* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Feb. 18, 1905*
 (Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME	<i>Charles Williams</i>		(14) NAME BEFORE MARRIAGE	<i>Ann Williams</i>	
(9) PRESENT POSTOFFICE OF FATHER	<i>Verderburg</i>		(15) PRESENT POSTOFFICE OF MOTHER	<i>Verderburg</i>	
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	<i>White</i> <i>40</i> (Years)	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY	<i>Black</i> <i>28</i> (Years)
(12) BIRTHPLACE	<i>Greenwood Co</i>		(18) BIRTHPLACE	<i>Abbeville Co</i>	
(13) OCCUPATION	<i>Farmer</i>		(19) OCCUPATION	<i>Domestic</i>	
(20) Number of children born to mother, including present birth	<i>6</i>		(21) Number of children of this mother now living, including present birth	<i>4</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *4* *A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *reported by Dr. Smith*
 (24) State whether Physician or Midwife. (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(37) Filed *Jan. 11, 1906* (38) *J. M. Smith* 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.

MARGIN—RESERVED FOR FILING.

WRITE CAREFULLY, 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.

City of Columbia