

Form No 1.

(1) PLACE OF BIRTH

County of *Georgetown*Township of *Six*or
Inc. Town ofor
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

42910

Registration District No. *2105* Registered No. *96*

(For use of Local Registrar)

(2) Full Name of Child *Alberta Williams* If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? *girl* (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Dec 25* (Name of Month) (Day) (Year)(8) FULL NAME *Nelson Williams* FATHER (9) PRESENT POSTOFFICE OF FATHER *Smiths Mills S.C.* (10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *24* (Years) (12) BIRTHPLACE *Williamsburg S.C.* (13) OCCUPATION *Farming* (14) NAME BEFORE MARRIAGE *Lula Woodbury* (15) PRESENT POSTOFFICE OF MOTHER *Smiths Mills S.C.* (16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *23* (Years) (18) BIRTHPLACE *Marion Co. S.C.* (19) OCCUPATION *housewife* (20) Number of children born to mother, including present birth *4* (21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Born alive* *4 a* on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) *Chel D. S. C. Williams* (24) State whether Physician or Midwife (25) Address of Physician or Midwife*The Father* *Smiths Mills S.C.*

Given name added from a supplemental report

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

(27) Filed *Jan 1 1916* (28) *J. L. McCracken* 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 RECORDS
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.
Cav. of Columbia