

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.  
 STATE OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Brunswick  
 or  
 Township of Williston  
 or  
 Inc. Town of Williston  
 or  
 City of Williston

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

File No.—For State Registrar Only  
**63172**

Registration District No. 573 Registered No. ....  
 (For use of Local Registrar)

(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 Tom

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

(3) Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH June 19, 1916  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Don James  
 (9) PRESENT POSTOFFICE OF FATHER Home  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)  
 (12) BIRTHPLACE Williston  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lora Reed  
 (15) PRESENT POSTOFFICE OF MOTHER Williston  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 25 (Years)  
 (18) BIRTHPLACE Brunswick Co  
 (19) OCCUPATION Team Hand.  
 (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 alone at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Taylor  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Williston

Given name added from a supplemental report

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

(27) Filed 10 (28) J. R. Britton 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.