

Form No. 10.
 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 N. No. 1. THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH

County of Marion
 Township of Galivants Ferry
 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
43270

Registration District No. 2505 Registered No. 106
 (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 William Williamson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 29</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Joe Williamson</u>		(14) NAME BEFORE MARRIAGE <u>Ernie Shippard</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Galivants Ferry S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Galivants Ferry</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)	
(12) BIRTHPLACE <u>Galivants Ferry S.C.</u>		(18) BIRTHPLACE <u>William S.C.</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Housekeeper</u>		
(20) Number of children born to mother, including present birth <u>2</u>		(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 P. M., on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John Lewis
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife GALIVANTS FERRY, S. C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Dec 25-5 (28) Geo. M. Higgins 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.

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