

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 4.

County of Lee
Township of Bishopville
or
Inc. Town of
or
City of

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

File No. — For State Registrar Only
65140

Registration District No. 3000 Registered No. 65-
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
St.; Ward)

(2) Full Name of Child Charlie 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	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 27, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Clina Williams

(9) PRESENT POSTOFFICE OF FATHER Bishopville S.C.

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 60
(Years)

(12) BIRTHPLACE Lee Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth } 9

MOTHER.

(14) NAME BEFORE MARRIAGE Winnie Gibson

(15) PRESENT POSTOFFICE OF MOTHER Bishopville S.C.

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 25
(Years)

(18) BIRTHPLACE Lee Co

(19) OCCUPATION Home Duties

(21) Number of children of this mother now living, including present birth } 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 11 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Agnes Jackson
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife W. W. Kelly & Co

Given name added from a supplemental report
....., 191.....
.....
Registrar

(26) Witness Wm. N. J. Loney
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed July 5, 1916 (28) Wm. N. J. Loney sub
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.

..... fifth month of pregnancy.

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