

County of Lee OF THE STATE OF SOUTH CAROLINA.
 Township of Bishopville Bureau of Vital Statistics
 Inc. Town of State Board of Health
 or
 or
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No. — For State Registrar Only
 65140

(2) Full Name of Child Charlie Williams { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>BOY</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 27, 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Clina Williams</u>			(14) NAME BEFORE MARRIAGE <u>Minnie Gibson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Bishopville S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Bishopville S.C.</u>	
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>60</u> (Years)	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)	
(12) BIRTHPLACE <u>Lee Co</u>			(18) BIRTHPLACE <u>Lee Co</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Home Duties</u>	
(20) Number of children born to mother, including present birth <u>9</u>			(21) Number of children of this mother now living, including present birth <u>7</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 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 Wynette S.C.

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

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

(27) Filed July 5, 1916 (28) Mrs. N. J. Loney 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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