

(1) PLACE OF BIRTH
County of **CHEROKEE**

Township of **CHEROKEE**

or
Inc. Town of **LAUREL**

or
City of

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

2) Full Name of Child **Hardenck Simmons Williams**

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

59085

Registration District No. **1000-A**

Registered No. **12**

(For use of Local Registrar)

Sl.: Ward

(If child not yet named, make supplemental report as directed)

(3) BOY OR GIRL? **Boy** (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? **Yes** (7) DATE OF BIRTH **4 3 1916**
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME **J. D. Williams**

(9) PRESENT POSTOFFICE OF FATHER **Blackburg N.C.**

(10) COLOR OR RACE **White** (11) AGE AT LAST BIRTHDAY **28**
(Years)

(12) BIRTHPLACE **Cherokee Co. Ga.**

(13) OCCUPATION **Barber**

(14) Number of children born to mother, including present birth **2**

MOTHER.

(14) NAME BEFORE MARRIAGE **Pearl Simmons**

(15) PRESENT POSTOFFICE OF MOTHER **Blackburg N.C.**

(16) COLOR OR RACE **White** (17) AGE AT LAST BIRTHDAY **27**
(Years)

(18) BIRTHPLACE **Rutherford Co. N.C.**

(19) OCCUPATION **House wife**

(20) Number of children of this mother now living, including present birth **2**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **Alive** at **2** **A.M.**, on the date above stated.
(Born alive or stillborn.) (Hour A. M. or P. M.)

(23) (Signature) **Victor M. Roberts**

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

Not to: 1916
Williams
Register

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

(27) Filed **Apr 3 1916** (28) **Geo A Roberts**
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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