

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 M. 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.  
 McCaw, of Columbia.

Form No. 1.

(1) PLACE OF BIRTH

County of Dillon

Township of Willabasso

or  
Inc. Town of Hamer S.C.

City of \_\_\_\_\_

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

48838

Registration District No. 1603

Registered No. 11  
(For use of Local Registrar)

(2) Full Name of Child. County Williams

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? Y (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 31  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Williams

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

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23  
(Years)

(12) BIRTHPLACE Dillon Co.

(13) OCCUPATION Farm hand

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Rate Pittman

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

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23  
(Years)

(18) BIRTHPLACE Dillon Co.

(19) OCCUPATION Farm hand

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1 P. A. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Violet R. Pittman

(24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

....., 191.....

Registrar

(25) Witness J. P. ...

(Signature of witness necessary only when question 24 is signed)

(26) Filed 2/29 1916 (27) 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.