

Form No. 1.

(1) PLACE OF BIRTH

County of Dillon

Township of Willkross

or
Inc. Town of Hamer S.C.

or
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (No. St.; Ward)

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.

MOTHER.

(8) FULL NAME James Williams

(14) NAME BEFORE MARRIAGE Rate Pittman

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

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

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

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

(12) BIRTHPLACE Dillon Co.

(18) BIRTHPLACE Dillon Co.

(13) OCCUPATION Farm hand

(19) OCCUPATION Farm hand

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

(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 (Born alive or stillborn) 1 P. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Violet R. B. ...

(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Midwife ... Dillon S.C.

Given name added from a supplemental report

(25) Witness J. P. ... (Signature of witness necessary only when question 22 is signed)

(26) Filed 2/29 1916 (27) Local Registrar [Signature]

*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.

MARGIN RESERVED FOR BINDING. 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.