

FORM NO. 1.

(1) PLACE OF BIRTH

County of BerkeleyTownship of 2nd JonesInc. Town of Cross

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4820

Registration District No. 72.3 Registered No. 17

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child Julia Williams

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

(7) DATE OF BIRTH Feb. 13

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Williams(9) PRESENT POSTOFFICE OF FATHER Cross SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE Berkeley Co SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Eliza Singletary(15) PRESENT POSTOFFICE OF MOTHER Cross SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 44 (Years)(18) BIRTHPLACE Berkeley SC(19) OCCUPATION House Keeping(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12:30 o'clock P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mrs. S. B. Murray

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

Midwife Chicora SC

Given name added from a supplemental report

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Registrar

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

(27) Filed Feb. 22 1916 (28) S. B. Murray 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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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 5.
McCaw, of Columbia.