

FORM NO. 1.

(1) PLACE OF BIRTH
 County of Berkeley
 Township of St. James
 or
 Inc. Town of Cross
 or
 City of _____

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. 703 Registered No. 17
 (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth _____	(6) Are Parents Married? _____	(7) DATE OF BIRTH <u>Feb 13</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>James Williams</u>			(14) NAME BEFORE MARRIAGE <u>Eliza Singletary</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Cross St</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Cross St</u>	
(10) COLOR OR RACE <u>White</u>		(11) AGE AT LAST BIRTHDAY <u>40</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	
(12) BIRTHPLACE <u>Berkeley Co S C</u>			(17) AGE AT LAST BIRTHDAY <u>34</u> <small>(Years)</small>	
(13) OCCUPATION <u>Farmer</u>			(18) BIRTHPLACE <u>SC</u>	
(20) Number of children born to mother, including present birth <u>8</u>			(19) OCCUPATION <u>House Keeping</u>	
			(21) Number of children of this mother new living, including present birth <u>8</u>	

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 Midwife (25) Address of Physician or Midwife Chicora St

Given name added from a supplemental report
 _____ 191____

 Registrar

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Feb 22 1916 (28) S. C. Colvin 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.