

(1) PLACE OF BIRTH

County of Beaufort
 Township of Sheldon
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
63211

Registration District No. 603B Registered No. 48
 (For use of Local Registrar)
 (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Hattie Williams

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? No (7) DATE OF BIRTH—June 3rd 1916
 (Name of Month) (Day) (Year)
 If child is not yet named, make supplemental report as directed

FATHER.

(8) FULL NAME Illigitimate
 (9) PRESENT POSTOFFICE OF FATHER
 (10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)
 (12) BIRTHPLACE
 (13) OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Williams
 (15) PRESENT POSTOFFICE OF MOTHER Yemassee, S.C. R.F.D.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Years)
 (18) BIRTHPLACE
New Road Plantation, S. C.
 (19) OCCUPATION Farm Hand
 (20) Number of children born to mother, including present birth { Two (2)
 (21) Number of children of this mother now living, including present birth { Two (2)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Betty Bryan
 (24) State whether Physician or Midwife Midwife Address of Physician or Midwife Yemassee S.C.

Given name added from a supplemental report
 191.....
 Registrar

(25) Witness Roy R. Bryan
 (Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed 6/14 1916 (28) J. H. Farway
 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.

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 N. No. 1. THE OTHER, N. No. 2, etc., in question 5.
 McCaw, of Columbia.