

(1) PLACE OF BIRTH

County of BeaufortTownship of Sheldonor
Inc. Town ofor
City of

(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

To be answered only in case of Twins or Triplets

(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

(20) Number of children born to
mother, including present birth { Two (2) }

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(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 Address of Physician or Midwife
Yemassee, S.C.Given name added from a supplement-
tal report

(26) Witness

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

Registrar

(27) Filed 6/14 1916 (28)

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. 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.

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)