

(1) PLACE OF BIRTH

County of Richland

Township of

or

Inc. Town of

or

City of Columbia

(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

66010

Registration District No. 98-2Registered No. 149

(For use of Local Registrar)

St.: Ward:

(2) Full Name of Child John William Peterfield

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? Yes

Is to be assumed only in case of Twin or Triplets

(5) Number in order of birth 1(6) Are Parents Married? Yes

(7) DATE OF BIRTH

June 2 1906
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Billy Williams

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 21
(Years)(12) BIRTHPLACE Lecky Run, Calhoun Co. S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Peterfield(15) PRESENT POSTOFFICE OF MOTHER Lecky Run(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 21
(Years)(18) BIRTHPLACE Sandy Run, Calhoun Co. S.C.(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 h h M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. E. Peterfield(24) State whether Physician or Midwife (25) Address of Physician or Midwife 721 Hampton St.

Given name added from a supplemental report

(26) Witness William A. Peterfield

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed June 5 1906(28) William A. Peterfield
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, No. 1. THE OTHER, No. 2, etc., in question 5.
McCaw, of Columbia.

EXCISE RESERVED FOR BINDING.