

Form No. 1

(1) PLACE OF BIRTH

County of NewberryTownship of No. 8

or Inc. Town of

or City of

(No. 3406 Registered No. 1
(For use of Local Registrar)
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 Philip Williams
(If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Boy (4) Twin or Triplet Not (5) Number in order of birth 1 Are Parents Married? Yes (6) DATE OF BIRTH Jan. 12 1917
(Name of Month) (Day) (Year)
To be answered only in case of Twins or Triplets

FATHER

(8) FULL NAME King Williams(9) PRESENT POSTOFFICE OF FATHER Newberry R 7(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 10

MOTHER

(14) NAME BEFORE MARRIAGE Mary Curston(15) PRESENT POSTOFFICE OF MOTHER Newberry R 7(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 39 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Farm Help(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Emma Boyer (24) Address of Physician or Midwife
(25) State whether Physician or Midwife Midwife Newberry R 7

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed May 10 1917 (28) N. P. Bonware Local RegistrarWhen 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.