

(1) PLACE OF BIRTH

County of FlorenceTownship of Lyuchor
Inc. Town of
or

City of _____ (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

Nathaniel WilliamsFile No. — For State Registration
85631Registration District No. 2010Registered No. 82
(For use of Local Registrar)(3) BOY OR
GIRL? Boy(4) Twin
or Triplet?(5) Number in
order of birth(6) Age
Parent
Married?(7) DATE OF BIRTH Dec 23 - 6
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Nathaniel Williams(9) PRESENT
POSTOFFICE
OF FATHERCowards, H.(10) COLOR
OR
RACE Col.(11) AGE AT LAST
BIRTHDAY
(Years)

(12) BIRTHPLACE

H.

(13) OCCUPATION

Iron Laborer(14) Number of children born to
mother, including present birth1

MOTHER.

(14) NAME BEFORE
MARRIAGEBeatrice Cockfield(15) PRESENT
POSTOFFICE
OF MOTHERCowards, H.(16) COLOR
OR
RACE Col.(17) AGE AT LAST
BIRTHDAY
(Years)

(18) BIRTHPLACE

H.

(19) OCCUPATION

Iron Laborer(20) Number of children of this mother
now living, including present birth1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was born alive (Hour A. M. or P. M.)
on the date above stated.

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

(25) Witness

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

(26) Filed

(27)

Given name added from a supplement
report

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(28)

(29)

*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 sixth month of pregnancy.

MARGINS 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.
McGraw-Hill of Columbia