

WHITES 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. THIS OTHER, No. 2, etc., in question 8.

City of Columbia

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No. — For State Registrar Only	
County of <u>Dorry</u>		STATE OF SOUTH CAROLINA.		43302	
Township of <u>Fluffed</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>2508</u>		Registered No. <u>123</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
2) Full Name of Child <u>Mary Williams</u> If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 5</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Chas William</u>			(14) NAME BEFORE MARRIAGE <u>Rosa Elliot</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Michael 86</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Michael 86</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>47</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>34</u> (Years)		
(12) BIRTHPLACE <u>Columbia</u>			(18) BIRTHPLACE <u>Dorry</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>12</u>			(21) Number of children of this mother now living, including present birth <u>4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>10</u> A.M. on the date above stated. (Hour A.M. or P.M.)					
(23) (Signature) <u>Walter Strickland</u>					
(24) State whether Physician or Midwife. (25) Address of Physician or Midwife					
<u>Midwife</u> <u>Michael 86</u>					
Given name added from a supplemental report			(26) Witness <u>E. L. Williams</u>		
191			(Signature of Witness necessary only when question 23 is signed by mark)		
Registrar			(27) Filed <u>Dec 5</u> 191 (28) <u>S. C. Williams</u> 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.

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