

## (1) PLACE OF BIRTH

County of Sumter  
 Township of Stateburg  
 or  
 Inc. Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**92043**

Registration District No. 4109

Registered No. 128  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (2) Full Name of Child Lucile Williams St.; ..... Ward)

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 30, 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Jeff Williams  
 (9) PRESENT POSTOFFICE OF FATHER .....  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY about 30 (Years)  
 (12) BIRTHPLACE Sumter Co  
 (13) OCCUPATION coal mine laborer  
 (20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Annie Frazer  
 (15) PRESENT POSTOFFICE OF MOTHER Palmetto S. C.  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 19 (Years)  
 (18) BIRTHPLACE Sumter Co  
 (19) OCCUPATION Farm laborer  
 (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 alive at 7 AM. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Beliah Frazer  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Palmetto S. C.

Given name added from a supplemental report

(26) Witness (Miss) Marion Sanders  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 10, 1917 (28) Benj. Sanders 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.