

MARGIN RESERVED FOR HINDING. WITH UNPAID INCREASES IN THE FUTURE FOR EACH CHILD, and mark the

WHITE DIAGNOSIS, WITH UNPAID INCREASES IN THE FUTURE FOR EACH CHILD, and mark the

N. B.—In case of TWINS OR TRIPLETS, see the FURTHER, No. 2, etc., in question 8.

MEANS OF COLUMBIA, Columbia, S. C.

(1) PLACE OF BIRTH

County of *Beaufort*

Township of *Childers*

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Chara Williams*

(3) BOY OR GIRL *Girl*

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth *4*

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

MOTHER

(8) FULL NAME *Captain Williams*

(9) PRESENT POSTOFFICE OF FATHER *Georgetown*

(10) COLOR OR RACE *negro*

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE *Colleton Co*

(13) OCCUPATION *Farmer*

(14) NAME BEFORE MARRIAGE *Peggy Shepard*

(15) PRESENT POSTOFFICE OF MOTHER *Georgetown*

(16) COLOR OR RACE *negro*

(17) BIRTHPLACE *Colleton Co*

(18) OCCUPATION *Field work*

(19) Number of children of this mother now living, including present birth *4*

(20) Number of children born to mother, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was *born alive or stillborn* (Hour *9 A.* of P. M.)

on the date above stated.

(22) (Signature) *Plurk Green*

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness

Signature of Witness necessary only when question 23 is signed by mark

(26) Filed

(27)

Local Registrar

If 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 before the fifth month of pregnancy.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

347

Registered No. *4*

(For use of Local Registrar)

(No. of Ward)

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

*6037*

Registration District No.

(No.)

DATE OF BIRTH

(Name of Month) (Day) (Year)

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