

(1) PLACE OF BIRTH

County of FlorenceTownship of Ebenezer

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10.—For this Register Only

28283

Registration District No. Registered No.
(For use of Local Registrar)(2) Full Name of Child Cornie Williams (If child is not yet named, make supplemental report as directed)(3) SEX OR CHILD Girl (4) Type or Triplet To be answered only in case of Twins or Triplets (5) Number in order of birth 1st (6) Age 24 (7) DATE OF BIRTH Feb 24 (8) (Name of Month) (Day) (Year)

FATHER.

(9) FULL NAME Sam Williams(10) PRESENT POST OFFICE OF FATHER Ebenezer, S.C.(11) COLOR OR RACE Colored (12) AGE AT LAST BIRTHDAY 30 (Years)(13) BIRTHPLACE Florence S.C.(14) OCCUPATION Farming(15) Number of children born to mother, including present birth 2

MOTHER.

(16) NAME BEFORE MARRIAGE Ador Kickers(17) PRESENT POST OFFICE OF MOTHER Ebenezer S.C.(18) COLOR OR RACE Colored (19) AGE AT LAST BIRTHDAY 25 (Years)(20) BIRTHPLACE Florence S.C.(21) OCCUPATION House wife(22) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) M. C. Swinton (25) State whether Physician or Midwife (26) Address of Physician or Midwife

(Given name added from a supplemental report)

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

(28) Filed Mrs. James M. C. Swinton

*When there was no attending physician or midwife, then the father, householder, etc., should make the report 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.