

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH LEADING INK.—THIS IS A PERMANENT RECORD, and mark the  
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.

(1) PLACE OF BIRTH

County of Florence  
Township of Pauls Bay  
or  
Inc. Town of  
or  
City of

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

Registration District No. 2014

File No.—For State Registrar Only  
**85658**

Registered No. 71  
(For use of Local Registrar)

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Nov 23 1916  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Royal Cummings  
(9) PRESENT POSTOFFICE OF FATHER Effingham S.C.  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 1

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Nettie Williams  
(15) PRESENT POSTOFFICE OF MOTHER  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21  
(18) BIRTHPLACE  
(19) OCCUPATION  
(21) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
(22) I hereby certify that I attended the birth of this child, who was alive at 3:30 A.M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
Emma Ward  
(23) (Signature) (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
.....  
....., 19 ..  
Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)  
Dec 2 1916 (27) Filed Dec 2 1916 (28) De. Leile 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.