

WRITE 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, No. 1. THE OTHER, No. 2, etc., in question 3.
McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Hampton
Township of Port Republic
or
Inc. Town of Hampton
or
City of Hampton
(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

File No.—For State Registrar Only
64750

Registration District No. 2403 Registered No. 27
(For use of Local Registrar)

(2) Full Name of Child Elbridge Gary Williamson { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twin or Triplet.</small>	(5) Number in order of birth <u>9</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 6</u> 19 <u>16</u> <small>(Time of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Stephen Williamson
(9) PRESENT POSTOFFICE OF FATHER Yemassee S.C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 48 (Years)
(12) BIRTHPLACE Yemassee S.C.
(13) OCCUPATION mechanic
(20) Number of children born to mother, including present birth nine

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Ann Wilcox
(15) PRESENT POSTOFFICE OF MOTHER Yemassee S.C.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 42 (Years)
(18) BIRTHPLACE Yemassee S.C.
(19) OCCUPATION housewife
(21) Number of children of this mother now living, including present birth nine

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James H. Williamson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Mark Williamson

Given name added from a supplemental report
..... 181.....
.....
Registrar

(26) Witness Maria Randolph
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filled June 15 1916 (28) J. B. McFar
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.