

## (1) PLACE OF BIRTH

County of FlorenceTownship of Lowndesor  
Inc. Town of .....or  
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

File No.—For State Registrar Only

49095

Registration District No. 2014Registered No. 11

(For use of Local Registrar)

(2) Full Name of Child Bessie Williams

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

to be answered only in case of Twin or Triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH Feb. 1 1914  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Bessie Williams(9) PRESENT POSTOFFICE OF FATHER Florence S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE

(13) OCCUPATION farmer.(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE H. Alice Singleton(15) PRESENT POSTOFFICE OF MOTHER Florence S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Scranton S.C.

(19) OCCUPATION

(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 born midwife M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jane Struthers(24) State whether Physician or Midwife (25) Address of Physician or Midwife Jane Struthers

Given name added from a supplemental report

191.....

Registrar

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

(27) Filed Feb 12 191..... (28) D. C. Neel 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.

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