

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 5.

McCauley, of Columbia.

## (1) PLACE OF BIRTH

County of LexingtonTownship of Broad RiverInc. Town of Chapin

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

78043

Registration District No. 3103 Registered No. 35

(For use of Local Registrar)

(2) Full Name of Child Gerry Herman

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? —(5) Number in order of birth —

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH May 17, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Henry Herman Williams(9) PRESENT POSTOFFICE OF FATHER Chapin S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 34  
(Years)(12) BIRTHPLACE Lexington S.C.(13) OCCUPATION Painter(20) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Virginia Harriet Axson(15) PRESENT POSTOFFICE OF MOTHER Chapin S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 32  
(Years)(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 7th

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:45 A. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. M. Sease, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Little Mountain S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 9/15 1916

(28)

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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