

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See Instructions on Back of Certificate)

GARY PRINTING CO., COLUMBIA, S. C.

1. PLACE OF BIRTH				Standard Certificate of Birth		FILE No.—For State Registrar Only	
Township of <u>DeKalb</u>				STATE OF SOUTH CAROLINA		6347	
County of <u>Kershaw</u>				Bureau of Vital Statistics			
or				State Board of Health			
Inc. Town of <u>Boykin</u>				Registration District No. <u>2701</u>		Registered No. <u>50</u>	
or						(For use of Local Registrar)	
City of _____				(No. _____ St. _____ Ward _____)			
2. FULL NAME OF CHILD <u>Henry Williams Jr.</u>							
<div style="display: flex; justify-content: space-between;"> <div>(If birth occurs in a hospital or other institution, give name of same instead of street and number)</div> <div>If child is not yet named, make supplemental report as directed.</div> </div>							
3. Boy or Girl <u>Boy</u>		4. Twin, triplet, or other If Plural births _____		5. Number, in order of birth _____		6. Premature _____	
				7. Legitimate? <u>yes</u>		8. Date of birth <u>Mar. 9</u> , 19 <u>37</u> (Month, day, year)	
9. Full name of FATHER <u>Henry Williams</u>				10. Full maiden name of MOTHER <u>Marie Wiley</u>			
11. Residence (usual place of abode) (If nonresident, give place and State) <u>Boykin S.C.</u>				12. Residence (usual place of abode) (If nonresident, give place and State) <u>Boykin</u>			
13. Color or race <u>Col</u>		14. Age at last birthday <u>31</u> (Years)		15. Color or race <u>col</u>		16. Age at last birthday <u>29</u> (Years)	
17. Birthplace (city or place) (State or country) <u>Boykin S.C.</u>				18. Birthplace (city or place) (State or country) <u>Boykin S.C.</u>			
19. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____		20. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, cook, etc. <u>housewife</u>		22. Industry or business in which work was done, as own home, sawmill, silk mill, etc. <u>in own home</u>	
23. Date (month and year) last engaged in this work _____, 19____		24. Total time (years) spent in this work <u>life</u>		25. Date (month and year) last engaged in this work _____, 19____		26. Total time (years) spent in this work <u>8 yrs.</u>	
27. Number of children of this mother (At time of this birth and including this child) <u>5</u>				(a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>3</u> (c) Stillborn <u>3</u>			
28. If stillborn, <u>full term</u> months period of gestation _____ weeks				29. Cause of stillbirth <u>unknown</u>			
				Before labor <input checked="" type="checkbox"/> During labor _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE							
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>8:25</u> a.m. on the date above stated (Born alive or stillborn)							
{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. Given name added from _____ a supplemental report _____ (Date of) _____ Registrar.				(Signed) _____, M. D. or <u>Emma Craig</u> , Midwife Address <u>Candlen</u> Filed <u>Mar 16</u> , 19 <u>37</u> <u>W. M. Meser</u> Registrar.			

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