

MARGIN RESERVED FOR BINDING.

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.

McGraw-Hill Co., Inc.

## (1) PLACE OF BIRTH

County of Abbeville

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of Lawn Deserve

or

Inc. Town of

or

City of

Registration District No. 108Registered No. 26

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.; Ward;

(2) Full Name of Child Archie Williams

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

|   |   |                              |  |   |
|---|---|------------------------------|--|---|
| (3) BOY OR GIRL?<br><u>girl</u>   | (4) Twin or Triplet?<br><u>To be answered only in case of Twins or Triplets</u> | (5) Number in order of birth | (6) Are Parents Married?<br><u>no</u>  | (7) DATE OF BIRTH<br><u>Mar, 29</u><br>(Name of Month) (Day) (Year) |
| FATHER.   |   |                              | MOTHER.  |   |
| (8) FULL NAME<br><u>Joe Butler</u>  |   |                              | (14) NAME BEFORE MARRIAGE<br><u>Marion Williams</u>                                    |   |
| (9) PRESENT POSTOFFICE OF FATHER<br><u>Abbeville SC</u>                     |   |                              | (15) PRESENT POSTOFFICE OF MOTHER<br><u>Lawn Deserve SC</u>                            |   |
| (10) COLOR OR RACE<br><u>black</u>  |   |                              | (16) COLOR OR RACE<br><u>black</u>   |   |
| (11) AGE AT LAST BIRTHDAY<br><u>35</u><br>(Years)                           |   |                              | (17) AGE AT LAST BIRTHDAY<br><u>35</u><br>(Years)                                      |   |
| (12) BIRTHPLACE<br><u>Abbeville Co.</u>                                     |   |                              | (18) BIRTHPLACE<br><u>Abbeville Co.</u>  |   |
| (13) OCCUPATION<br><u>Teamster</u>  |   |                              | (19) OCCUPATION<br><u>Teamster</u>   |   |
| (20) Number of children born to mother, including present birth<br><u>1</u> |   |                              | (21) Number of children of this mother now living, including present birth<br><u>1</u> |   |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. W. H. Williams

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

Given name added from a supplemental report

Registrar

(26) Witness

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

(27) Filed

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.