

## (1) PLACE OF BIRTH

County of RichlandTownship of Calab

Inc. Town of .....

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

19997

Registration District No. 38Registered No. 1499

(For use of Local Registrar)

(No. 1499)

St.; ..... Ward)

2) Full Name of Child Cornelius Williams

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

(3) BOY OR GIRL? Girl(4) Twin or Triplet? X

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH June 27, 22

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Henry Williams(9) PRESENT POSTOFFICE OF FATHER R # 4 Calab(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 25

(Years)

(12) BIRTHPLACE Richland County(13) OCCUPATION farm work(14) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Angeline East(15) PRESENT POSTOFFICE OF MOTHER R # 4 Calab(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 30

(Years)

(18) BIRTHPLACE Richland County(19) OCCUPATION house work(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive, at ..... M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) her mark Rachel Wright

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

mid wife R # 4 Calab

(Given name added from a supplemental report)

....., 191....

.....

Registrar

(26) Witness J. Henry Stoll

(Signature of witness necessary only when question 24 is signed by mark)

(27) Filed 7-4 1912 (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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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.