

(1) PLACE OF BIRTH
 County of Charles Town
 Township of James Santee
 or
 Inc. Town of McClanville Registration District No. 986
 City of _____ (No. _____ St.; _____ Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
88854

(2) Full Name of Child Emily Beatrice Williamson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? _____ To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 20, 1916</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>Abraham Williamson</u>	(14) NAME BEFORE MARRIAGE <u>Elyse Green</u>	(10) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(9) PRESENT POSTOFFICE OF FATHER <u>McClanville</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>McClanville</u>	(12) BIRTHPLACE <u>Charles Town Co</u>	(18) BIRTHPLACE <u>Charles Town</u>
(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(13) OCCUPATION <u>Lumberman</u>	(16) COLOR OR RACE <u>Negro</u>	(19) OCCUPATION <u>Washerwoman</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>0</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... alive... at 2 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lena Williamson
 (24) State whether Physician or Midwife Midwife
 (25) Address of Physician or Midwife McClanville

Given name added from a supplemental report

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

(27) Filed Jan 2, 1917 (28) Geo. C. Beckman
 Registrar 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.