

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.
 Bureau of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Summerville
 Township of Williston
 or
 Inc. Town of
 or
 City of Williston

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
63177

Registration District No. 573 Registered No.
 (For use of Local Registrar)

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child No Name If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 9, 1916
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Clarence Boyd (14) NAME BEFORE MARRIAGE Ussery
 (9) PRESENT POSTOFFICE OF FATHER Williston S.C. (15) PRESENT POSTOFFICE OF MOTHER Williston S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26
 (12) BIRTHPLACE Williston (18) BIRTHPLACE Williston S.C.
 (13) OCCUPATION Merchant (19) OCCUPATION House wife
 (20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) J. R. Smith (24) State whether Physician or Midwife (25) Address of Physician or Midwife Williston

Given name added from a supplemental report

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

(27) Filed 19 (28) J. R. Smith 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 stillbirth before the fifth month of pregnancy.