

16 093509

Standard Certificate of Birth

FILE No.—For State Registrar Only
00285

1. PLACE OF BIRTH

County of DillonTownship of Manningor
Inc. Town of _____City of Dillon

STATE OF SOUTH CAROLINA

Registration District No. 16-A Registered No. 8
(For use of Local Registrar)

(No. _____ St.; _____ Ward)

2. FULL NAME OF CHILD Lillian Mitchell Williams { If child is not yet named, make supplemental report as directed.3. Boy or Girl Girl { If Plural births _____ } 4. Twin, triplet or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Are Parents Married? yes 8. Date birth April 1st, 1916
(Month, day, year)9. Full name LeRoy Williams FATHER, 18. Name before marriage Lillian Mitchell MOTHER10. Residence (mailing address) Dillon, S.C. (If non-resident, give place and State) 19. Residence (mailing address) Dillon, S.C. (If non-resident, give place and State)11. Color or race White 12. Age at child's birth 36 (years) 20. Color or race White 21. Age at child's birth 26 (years)13. Birthplace (city or place) Kinston, N.C. (State or country) 22. Birthplace (city or place) Fairmont, N.C. (State or country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail Furniture Dealer 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Domestic

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn None

28. If stillborn, period of gestation _____ months _____ weeks 29. Cause of stillbirth _____ (Before labor _____ During labor _____)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

Dr. L. P. Craig, M.D. and Miss C. Long, R.N. were with me at birth of this child, both have since died.

I hereby certify to the birth of this child, who was _____ at _____ 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 supplementary report _____ (Date of) _____

(Signed) Mrs. Lillian M. Williams, Parent
or _____ Guardian
Address Dillon, S.C.
Filed 3-11, 1916 S. H. Williams
Registrar.

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.)