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Standard Certificate of Birth

STATE OF SOUTH CAROLINA

FILE No.—For State Registrar Only
00285

1. PLACE OF BIRTH

County of DillonTownship of Manningor
Inc. Town of _____or
City of DillonRegistration 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 4. Twin, triplet or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Are Parents Married? yes 8. Date April 1st, 1916
(Month, day, year)9. Full name FATHER, LeRoy Williams10. 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)13. Birthplace (city or place) Kinston N.C.
(State or country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail Furniture Dealer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) _____
19 _____ spent in this work _____18. Name before marriage MOTHER Lillian Mitchell19. Residence (mailing address) Dillon, S.C.
(If non-resident, give place and State)20. Color or race White 21. Age at child's birth 26 (years)22. Birthplace (city or place) Fairmont N.C.
(State or country)23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Domestic

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

25. Date (month and year) last engaged in this work _____ 26. Total time (years) _____
19 _____ 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 None28. If stillborn, period of gestation _____ months _____ weeks 29. Cause of stillbirth _____
Before labor _____
During labor _____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) Lillian M. Williams, Parent
or _____ GuardianAddress Dillon, S.C.Filed 3-11, 1916 L. H. Williams
Registrar.

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.)