

(1) PLACE OF BIRTH
 County of *Sumter*
 Township of *Privater*
 or
 Inc. Town of
 or
 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
44780

Registration District No. *4104* Registered No. *168*
 (For use of Local Registrar)

(2) Full Name of Child *Mary Virginia Williams* } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Girl* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Dec. 22*
(Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME *Jack Williams*
 (9) PRESENT POSTOFFICE OF FATHER *Findal S.C.*
 (10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *30*
(Years)
 (12) BIRTHPLACE *Sumter Co. S.C.*
 (13) OCCUPATION *Farm Laborer*
 (20) Number of children born to mother, including present birth *5*

MOTHER.
 (14) NAME BEFORE MARRIAGE *Mary Sharper*
 (15) PRESENT POSTOFFICE OF MOTHER *Findal S.C.*
 (16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *28*
(Years)
 (18) BIRTHPLACE *Sumter Co. S.C.*
 (19) OCCUPATION *Housework*
 (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 *female* at *2* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Flora D. Dixon*
 (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Findal S.C.*

Given name added from a supplemental report 191.....
 Registrar

(26) Witness *S. B. Koff*
(Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed *Jan 5* 1912 (28) *Silas B. Koff* Local Registrar

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.
 McCaw of Columbia.

*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.

*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.

FORM 16-10-1911
 STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 COLUMBIA, S. C.