

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
Caw. of Columbia FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Marlboro,.....Township of Smithville,...or
Inc. Town ofor
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

49906

Registration District No. 5598... Registered No. 15.....

(For use of Local Registrar)

(2) Full Name of Child Almer Williams,..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>FEB. 26 / 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Thomas Henry Williams,(9) PRESENT POSTOFFICE OF FATHER Bennettsville, S.C.(10) COLOR OR RACE Negro, (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming,(20) Number of children born to mother, including present birth 12.....

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Thomas,(15) PRESENT POSTOFFICE OF MOTHER Bennettsville, S.C.(16) COLOR OR RACE Negro, (17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Farming,(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 3 P.M......M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) <u>Tyra Ellison</u> ,.....	(25) Address of Physician or Midwife <u>Bennettsville, S.C.</u>
(24) State whether Physician or Midwife <u>Midwife</u>	

Given name added from a supplemental report

....., 191.....

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Registrar(26) Witness Neller Gusta McCall,.....
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed FEB. 5 / 1916 (28) W. H. Pruitt
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.