

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. — For State Registrar Only

74644

County of *Saluda*.....

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of *No. 6*.....

or
Inc. Town of

Registration District No. *3905*..... Registered No. *32*.....
(For use of Local Registrar)

or
City of (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 *Arthur Williams*..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth To be answered only in event of Twins or Triplets (6) Are Parents Married? *No.* (7) DATE OF BIRTH *Aug. 30* 191*6*
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *Amos Williams*

(14) NAME BEFORE MARRIAGE *Cara Darn*

(9) PRESENT POSTOFFICE OF FATHER *Kirksey S.C.*

(15) PRESENT POSTOFFICE OF MOTHER *Kirksey S.C.*

(10) COLOR OR RACE *Col.* (11) AGE AT LAST BIRTHDAY *23* (Years)

(16) COLOR OR RACE *Col.* (17) AGE AT LAST BIRTHDAY *20* (Years)

(12) BIRTHPLACE *Greenwood Co.*

(18) BIRTHPLACE *Saluda Co.*

(13) OCCUPATION *Farming*

(19) OCCUPATION *House wife*

(20) Number of children born to mother, including present birth *2*

(21) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at M., on the date above stated. (Born *live* or stillborn) (Hour A. M. or P. M.) *12*

(23) (Signature) *Mrs. J. E. Mitchell*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Midwife mark Kirksey S.C.*

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

(26) Witness *Mrs. J. E. Mitchell*
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Sept. 7* 191*6*. (28) *Mrs. J. E. Mitchell* Local Res.

*When there was no attending physician or midwife, then the father, householder, etc., should make this a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths fifth month of pregnancy.

McCaw, of Columbia. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE CARD FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.