

(1) PLACE OF BIRTH

County of Robeson
 Township of Eastly
 or
 Inc. Town of
 or
 City of Eastly CC
 (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

31812

Registration District No. 2702 Registered No. 70
 (For use of Local Registrar)

(2) Full Name of Child.

(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct. 23 1917
 (Name of Month) (Day) (Year)

(8) FULL NAME Malmon Lander Williams(14) NAME BEFORE MARRIAGE Hattie M. Morris(9) PRESENT POSTOFFICE OF FATHER Eastly CC Road I(15) PRESENT POSTOFFICE OF MOTHER Eastly CC Road II(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE South Carolina(18) BIRTHPLACE South Carolina(13) OCCUPATION Farmer(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 alive at 5-15 P M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wm. J. ...(24) State whether Physician or Midwife (25) Address of Physician or Midwife Eastly CC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct. 2, 1917 (28) W. J. ... (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.

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