

(1) PLACE OF BIRTH

County of LeavelleTownship of Lummasvilleor
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2015 Registered No. 114

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child Leornis Williams

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u> </u> <small>To be answered only in case of Twin or Triplets</small>	(5) Number in order of birth <u> </u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 16, 1914</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Eugene Williams(9) PRESENT POSTOFFICE OF FATHER Lummasville(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 14

MOTHER.

(14) NAME BEFORE MARRIAGE Victoria Manning(15) PRESENT POSTOFFICE OF MOTHER Lummasville(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 39 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah Harris(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lummasville S.C.

Given name added from a supplemental report

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Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 20, 1914 (28) W. C. Myers 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.

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

 File No. — For State Registrar Only
 64380