

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc. IN QUESTION 2.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
87823

(1) PLACE OF BIRTH
 County of Williamsburg
 Township of Penn
 or
 Inc. Town of

Registration District No. 4308 Registered No.
 (For use of Local Registrar)

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 Willie Major, jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Nov. 29th 1916</u> (Name of Month) (Day) (Year)
--------------------------------	---	------------------------------	---------------------------------------	--

FATHER.	MOTHER.
(8) FULL NAME <u>William Major</u>	(14) NAME BEFORE MARRIAGE <u>Ida Welch</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Lane, S. C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Lane, S. C.</u>
(10) COLOR OR RACE <u>negro</u>	(16) COLOR OR RACE <u>negro</u>
(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)
(12) BIRTHPLACE <u>Williamsburg co. S. C.</u>	(18) BIRTHPLACE <u>Williamsburg co. S. C.</u>
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farm laborer</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>2</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
Daisy P. Snowden

(23) (Signature) _____
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Lane, S. C.

Given name added from a supplemental report _____

(26) Witness F. L. Baggett - sub. reg
 (Signature of witness necessary only when question 23 is signed by mark)

(27) Filed Dec 3rd 1916 (28) Albert R. Mosley
 Registrar. 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.

T Y A F I L M