

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 PLATE for each child, and mark the
McGraw-Hill
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Charleston

Township of "

or
Inc. Town of "

or
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

71722

Registration District No. 9A

Registered No. 844

(For use of Local Registrar)

(2) Full Name of Child Frederick Williams

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? — (5) Number in order of birth 4 (6) Are Parents Married? 9/3 (7) DATE BIRTH Aug. 17, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Egner Williams

(9) PRESENT POSTOFFICE OF FATHER Charleston So

(10) COLOR OR RACE Cae (11) AGE AT LAST BIRTHDAY 33
(Years)

(12) BIRTHPLACE Monks Corner

(13) OCCUPATION Laborer.

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Brown

(15) PRESENT POSTOFFICE OF MOTHER Charleston So

(16) COLOR OR RACE Cae (17) AGE AT LAST BIRTHDAY 34
(Years)

(18) BIRTHPLACE Monks Corner

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 2:00 P.M.
on the date above stated. (Hour A.M. or P.M.)

(23) (Signature) John Crooks

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 8/19/16

(28) 1916

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.

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