

## (1) PLACE OF BIRTH

County of Laurens  
 Township of Scuffletown  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (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  
90647

Registration District No. 2900 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 James Williams { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? no (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE BIRTH Dec 1 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John

(9) PRESENT POSTOFFICE OF FATHER Laurens S.C. 29001

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Broad Hill S.C.

(13) OCCUPATION farmer

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Barabaldwell

(15) PRESENT POSTOFFICE OF MOTHER Laurens S.C. 29001

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Clinton S.C.

(19) OCCUPATION housekeeper

(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 alive at 10:45 M., (Born alive or stillborn) (Hour A. M. or P. M.)  
 on the date above stated.

(23) (Signature) Barabaldwell

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Laurens S.C. 29001

Given name added from a supplemental report.

191....

Registrar

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

(27) Filed 191.... (28) T. C. Osman 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.

