

(1) PLACE OF BIRTH

County of GranvilleTownship of North Lenoor
Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

46411

Registration District No. 2212Registered No. 5

(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 Drift Williams If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? 1 (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 21 1918
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Drift Williams(9) PRESENT POSTOFFICE OF FATHER Edmond St(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 18 (Years)(12) BIRTHPLACE Granville County(13) OCCUPATION La borer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Brock(15) PRESENT POSTOFFICE OF MOTHER Edmond St(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Granville County(19) OCCUPATION House servant(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was male at 11 hr M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. R. Smith(24) State whether Physician or Midwife (25) Address of Physician or Midwife Page 50

Given name added from a supplemental report

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

(27) Filed Jan 1919 (28) W. R. Smith 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.

Registrar

Local Registrar.

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McCaw.

FIRST-BORN N. No. 1. THE OTHERS. No. 2. etc. In question 5.

N. B. N. City of Columbia