

(1) PLACE OF BIRTH

County of Transylvania

Township of North Lenoir

Inc. Town of .....

City 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. 2210 Registered No. 5

(For use of Local Registrar)

(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? ✓ (5) Number in order of birth 1st (6) Are Parents Married? ✓ (7) DATE OF BIRTH Jan. 21 1915  
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Drift Williams

(9) PRESENT POSTOFFICE OF FATHER Edinboro St

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 18 (Years)

(12) BIRTHPLACE Northville Community

(13) OCCUPATION La borer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Uga Brock

(15) PRESENT POSTOFFICE OF MOTHER Edinboro St

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Northville Community

(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 alive at 11 A.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 Edinboro St

Given name added from a supplemental report

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

(27) Filed Jan 21 1916 (28) W. H. Ross 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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FIRST-BORN N. No. 1. THE OTHERS, No. 2, etc., in question 5.

N. B. N. City of Columbia

McCaw