

## (1) PLACE OF BIRTH

County of *Edgewood*Township of *Columbia*

Inc. Town of

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

48890

Registration District No. *1803*Registered No. *5*  
(For use of Local Registrar)(2) Full Name of Child *E. Mince Williams*

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

(3) BOY OR GIRL <i>girl</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>No</i>	(7) DATE OF BIRTH <i>Jan 15 1906</i> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <i>Bob Williams</i>	(14) NAME BEFORE MARRIAGE <i>Rose Cat</i>	(9) PRESENT POSTOFFICE OF FATHER <i>Modoc</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Modoc</i>
(10) COLOR OR RACE <i>N</i>	(11) AGE AT LAST BIRTHDAY <i>41</i> (Years)	(16) COLOR OR RACE <i>N</i>	(17) AGE AT LAST BIRTHDAY <i>25</i> (Years)
(12) BIRTHPLACE <i>S. C.</i>	(18) BIRTHPLACE <i>S. C.</i>	(13) OCCUPATION <i>Farmer</i>	(19) OCCUPATION <i>Housewife</i>
(20) Number of children born to mother, including present birth <i>4</i>	(21) Number of children of this mother now living, including present birth <i>3</i>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *8 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Harriet Ware*(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
*Clark's Hill*

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 *Jan 20 1906* (28) *T. E. Miller*  
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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—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 5.

McCaw, of Columbia.