

(1) PLACE OF BIRTH

County of Saluda
 Township of Harts #3
 or
 Inc. Town of
 or
 City of
 (If birth occurs in a hospital or other institution, give name or 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

91672

Registration District No. 3902 Registered No. 22
 (For use of Local Registrar)

(2) Full Name of Child Bessie Williams { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 24 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jesse Williams
 (9) PRESENT POSTOFFICE OF FATHER Silverstreet S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 23 (Years)
 (12) BIRTHPLACE Newberry County S.C.
 (13) OCCUPATION Laborer
 (20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Fizzie Jackson
 (15) PRESENT POSTOFFICE OF MOTHER Silverstreet
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 17 (Years)
 (18) BIRTHPLACE Newberry County S.C.
 (19) OCCUPATION House & Farm
 (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 3 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. S. S.
 (24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Silverstreet S.C.

Given name added from a supplemental report

(26) Witness

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

Registrar

(27) J. A. Duffin
 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. FILE OTHER, No. 2, etc., in question 5.

McClay, of Columbia