

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town of

City of Charleston

(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
84640

Registration District No. 9A Registered No. 1259

(For use of Local Registrar)

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

(3) BOY OR GIRL? Male (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 6 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME John Williams

(14) NAME BEFORE MARRIAGE Livia Nelson

(9) PRESENT POSTOFFICE OF FATHER Charleston

(15) PRESENT POSTOFFICE OF MOTHER Charleston

(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 25 (Years)

(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE Charleston

(18) BIRTHPLACE Charleston

(13) OCCUPATION laborer

(19) OCCUPATION house work

(20) Number of children born to mother, including present birth 3

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 6 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Livia Nelson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife 32 Sumner St

Given name added from a supplemental report

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

(27) Filled 11/15/16 (28) J. Merwin Gray M.D.

*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 sixth 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. THE OTHER, No. 2, etc., in question 5.

reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.