

MARGIN RESERVED FOR BINDING.  
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.  
STATE OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Barnwell  
Township of Williston  
or  
Inc. Town of Williston  
or  
City of Williston

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**63173**

Registration District No. 373 Registered No. ....  
(For use of Local Registrar)

(2) Full Name of Child

No Name

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? No (7) DATE OF BIRTH June 17 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Don't Know  
(9) PRESENT POSTOFFICE OF FATHER Don't Know  
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 17  
(12) BIRTHPLACE Barnwell Co.  
(13) OCCUPATION Don't Know  
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Cestell Peoples  
(15) PRESENT POSTOFFICE OF MOTHER Williston  
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 17  
(18) BIRTHPLACE Barnwell Co.  
(19) OCCUPATION Don't Know  
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive and stillborn at 9 P. M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Mary Hagan

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Williston

Given name added from a supplemental report

(26) Witness J. L. Smith

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

(27) Filed 19

(28)

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.