

Form No. 10. MARGIN RESERVED FOR BINDING. WHEN FILLING IN, WITH LEADING IN, 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.

(1) PLACE OF BIRTH

County of Flour

Township of Four Bay

or Inc. Town of

or 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

85649

Registration District No. 7014

Registered No. 62

(For use of Local Registrar)

St.: Ward)

2) Full Name of Child

Robert Edward 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

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Nov. 16, 1911  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Braxley Williams

(9) PRESENT POSTOFFICE OF FATHER

Effingham SC.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

29  
(Years)

(12) BIRTHPLACE

SC.

(13) OCCUPATION

Iron Laborer

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

2

## MOTHER.

(14) NAME BEFORE MARRIAGE

Bertie Woodson

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

19  
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(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 alive at 3 P. M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature)

Dr. J. C. Williams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of witness) When question 23 is answered

When there was no attending physician or midwife, the father, house father, etc., should make this report. If a child breathes even once, it must be reported. If a child is born dead, it must be reported at birth before the child leaves the mother.