

(1) PLACE OF BIRTH

County of Burkeley  
 Township of High Plains  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... Sl. .... Ward)  
 (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

84460

(2) Full Name of Child James 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, 1916  
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Calob Williams  
 (9) PRESENT POSTOFFICE OF FATHER Holly Hill, S.C.  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 37 (Years)  
 (12) BIRTHPLACE Burkeleyes, S.C.  
 (13) OCCUPATION Domestic Laborer  
 (20) Number of children born to mother, including present birth 7

MOTHER.  
 (14) NAME BEFORE MARRIAGE Duller Banks  
 (15) PRESENT POSTOFFICE OF MOTHER Holly Hill, S.C.  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 33 (Years)  
 (18) BIRTHPLACE Burkeleyes, S.C.  
 (19) OCCUPATION House work  
 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Bill Simmons  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Holly Hill, S.C.

Given name added from a supplemental report  
Doc J. 1916  
Harry Singletary  
 Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 11-16-16 (28) Harry Singletary  
 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.