

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

(1) PLACE OF BIRTH

County of LeeTownship of St. Charles

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

46757

Registration District No. 3007Registered No. 101

(For use of Local Registrar)

St.; Ward)

(No. If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child James Edwin Williams

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy(4) Twin or Triplet? no

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH Jan. 10th(Name of Month) (Day) 1916 (Year)

FATHER.

(8) FULL NAME Willie Williams(9) PRESENT POSTOFFICE OF FATHER St Charles S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 19 (Years)(12) BIRTHPLACE San Darlington Co. S.C.(13) OCCUPATION House hold(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lidia Rebecca McLeod(15) PRESENT POSTOFFICE OF MOTHER St Charles S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 16 (Years)(18) BIRTHPLACE Reeshaw Co S.C.(19) OCCUPATION House & farm work(20) 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 12:30 A. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) James E. Wilson(24) State whether Physician or Midwife Midwife (Address of Physician or Midwife)St. Charles S.C.

Given name added from a supplemental report

1916

Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by physician)(27) Filed Jan 8 1916 (28) L. M. McLeod 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.

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