CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
29813

(1) PLACE OF BIRTH
County of Abbeville
Township of Abbeville
or
Inc. Town of —
or
City of ..... (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 100 Registered No. 42
(For use of Local Registrar)

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

(3) BOY OR GIRL? Boy
(4) Twin or Triplet? — (To be answered only in event of Twins or Triplets)
(5) Number in order of birth 1
(6) Are Parents Married? Yes
(7) DATE OF BIRTH May 1 1915 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Ed. Alvin Williams	(14) NAME BEFORE MARRIAGE Annie Lee King
(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C. R. Star	(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C. R. Star
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Abbeville S.C.	(18) BIRTHPLACE Abbeville S.C.
(13) OCCUPATION Farmer	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth	(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5.45 a. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) [illegible]

(24) State whether Physician or Midwife: Physician
(25) Address of Physician or Midwife: Abbeville S.C.

Given name added from a supplemental report
....., 191....
..... Registrar

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

(27) Filed May 1 1915 (28) [illegible]
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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PLAIN MINS FOR DISSOLVING FROM BINDING
WRITE PLAINLY, WITH INDELIBLE 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 6.
McCaw, of Columbia