FORM NO. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
18379

(1) PLACE OF BIRTH
County of Calhoun
Township of Pine Grove
or
Inc. Town of Lone Star Registration District No. 803 Registered No. 71
(For use of Local Registrar)
or
City of ..... (No. ..... Pauling St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl	To be answered only in event of Twins or Triplets	1	no	Jan 24 1915

FATHER.	MOTHER.
(8) FULL NAME Hesiah Williams	(14) NAME BEFORE MARRIAGE Tallata Pauling
(9) PRESENT POSTOFFICE OF FATHER Cameron SC	(15) PRESENT POSTOFFICE OF MOTHER Elloree SC
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 19 (Years)	(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)
(12) BIRTHPLACE Lone Star SC	(18) BIRTHPLACE Elloree SC
(13) OCCUPATION Farmer	(19) OCCUPATION House Girl
(20) Number of children born to mother, including present birth 1	(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 at 11 P.M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Mary Taylor

(24) State whether Physician or Midwife	(25) Address of Physician or Midwife
M. Nurse	Parlors SC

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

(26) Witness Mrs J D Stoudemire
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 29 1915 (28) J D Stoudemire
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.

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.

McCaw, of Columbia