FORM NO. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
9726

(1) PLACE OF BIRTH

County of Colleton

Township of Sandy Run

or Inc. Town of ..... Registration District No. 5.4.4. Registered No. 5 (For use of Local Registrar)

or City of ..... (No. ..... 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 Henry 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 — To be answered only in event of Twins or Triplets

(6) Are Parents Married? Married

(7) DATE OF BIRTH Apr. 3, 3, 1915 (Name of Month) (Day) (Year)

FATHER.

(9) FULL NAME Thomas Williams

(10) PRESENT POSTOFFICE OF FATHER Sandy Run, S.C.

(11) COLOR OR RACE Negro

(12) AGE AT LAST BIRTHDAY 28 (Years)

(13) BIRTHPLACE Sandy Run S.C.

(14) OCCUPATION Farming

(15) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Nellie Williams

(15) PRESENT POSTOFFICE OF MOTHER Sandy Run S.C.

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Sandy Run S.C.

(19) OCCUPATION Farming

(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22 I hereby certify that I attended the birth of this child, who was Alive at 9 o'clock A.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Delia Glover

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Sandy Run, S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Apr. 7 1915 (28) Hayne Jumper Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.