(1) PLACE OF BIRTH

County of Abbeville S.C.

Township of Abbeville

or

Inc. Town of ..... Registration District No. 100 Registered No. 15 (For use of Local Registrar)

or

City of ~~Abbeville S.C.~~ (No. ..... St.; ..... 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
9077

(2) **Full Name of Child** Norman Eugene Stone 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 April (Name of Month) 3 (Day) 1915 (Year)

FATHER.

(8) FULL NAME Eugene Stone

(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C. R7D #3

(10) COLOR OR RACE Caucasian

(11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Parks Creek, Anderson Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Kate Branyon

(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C. R7D #3

(16) COLOR OR RACE Caucasian

(17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Parks Creek Anderson Co.

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 2

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 7 15 (Hour A. M. or P. M.) A.M., on the date above stated.

(23) (Signature) J. C. Lee M. D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report June 19, 1915

Registrar

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

(27) Filed June 19 1915 (28) J. T. Russell 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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FORM NO. 2

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING.

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.