FORM NO. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
2472

(1) PLACE OF BIRTH
County of Abbville
Township of
or
Inc. Town of
or
City of Abbville (No. (Cross St.) no name St.; 4 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 1-a Registered No. 15
(For use of Local Reistrar)

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

(3) BOY OR GIRL? Girl
(4) Twin or Triplet? X
(5) Number in order of birth X
To be answered only in event of Twins or Triplets
(6) Are Parents Married? no
(7) DATE OF BIRTH Feb. 12, 1915 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Williams
(9) PRESENT POSTOFFICE OF FATHER Abbville, S.C.
(10) COLOR OR RACE Negro.
(11) AGE AT LAST BIRTHDAY 19 (Years)
(12) BIRTHPLACE Abbville, S.C.
(13) OCCUPATION Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE Lee Anna Harris
(15) PRESENT POSTOFFICE OF MOTHER Abbville, S.C. ~~County~~
(16) COLOR OR RACE Negro.
(17) AGE AT LAST BIRTHDAY 18 (Years)
(18) BIRTHPLACE Abbville Co.
(19) OCCUPATION Nurse

(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 6 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary R. Chiles
(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: Abbville, S.C.

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

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

(27) Filed Feb. 17th 1915 (28) T. G. Perrin
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.