FORM NO. 5. 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.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
33052

(1) PLACE OF BIRTH

County of Abbeville

Township of Bowersburg

Inc. or Town of ..... Registration District No. 101 ..... Registered No. 50 (For use of Local Reistrar)

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 Willie Dorn ..... 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 | (6) Are Parents Married? Yes | (7) DATE OF BIRTH Oct 1st (Name of Month) (Day), 1915 (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME Louis Dorn	(14) NAME BEFORE MARRIAGE Fannie Tolbert
(9) PRESENT POSTOFFICE OF FATHER W Connell	(15) PRESENT POSTOFFICE OF MOTHER W Connell
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 53 (Years)	(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Abbeville County	(18) BIRTHPLACE Abbeville County
(13) OCCUPATION Farmer	(19) OCCUPATION House wife
(20) Number of children born to mother, including present birth 3	(21) 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 2 at Oclock A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. M. Brown [illegible]

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife

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 Oct 10 1915 (28) J. R. Dawson 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.

N. ..... Registrar | (27) Filed [illegible] 1915 (28) [illegible] Local Registrar.

McCaw

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