(1) PLACE OF BIRTH

County of Abbeville Co

Township of Bordeaux

or

Inc. Town of ..... Registration District No. 101 Registered No. 52

or (For use of Local Registrar)

City of ..... (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
53650

(2) Full Name of Child Ralph Fuller Hart } If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? Boy | (4) Twin or Triplet? yes | (5) Number in order of birth 2 (To be answered only in event of Twins or Triplets) | (6) Are Parents Married? yes | (7) DATE OF BIRTH Oct. 5 1915 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Ralph D. Hart	(14) NAME BEFORE MARRIAGE Lavie Price
(9) PRESENT POSTOFFICE OF FATHER Mc Cormick	(15) PRESENT POSTOFFICE OF MOTHER Mc Cormick
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)
(12) BIRTHPLACE White Path Ga	(18) BIRTHPLACE Mc Cormick S. C.
(13) OCCUPATION Dry Goods Merchandise	(19) OCCUPATION Housewife
(20) Number of children born to mother including present birth 6	(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. M. D. Allen M. D.

(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 Aug 9 1915 (28) J. B. Lawson 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. 10.

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.

Over, please.