FORM NO. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
17857

(1) PLACE OF BIRTH

County of Abbeville

Township of Abbeville

or Inc. Town of Abbeville. Registration District No. 1-A Registered No. 65 (For use of Local Registrar)

or City of Abbeville (No. North Main St.; 4th Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Mary Elizabeth Hilton

If child is not yet named, make supplemental report as directed

(3) ~~BOY OR~~ GIRL? Girl

(4) Twin or Triplet? —

(5) Number in order of birth —

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH June 28, 1915 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Walter Lawton Hilton	(14) NAME BEFORE MARRIAGE Minnie Hazlett Fuller
(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.	(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE Greenwood S.C.	(18) BIRTHPLACE Chesterfield County S.C.
(13) OCCUPATION Fireman C.&N.W.R.	(19) OCCUPATION Housekeeper
(20) Number of children born to mother, including present birth One	(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [illegible] M.D.

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Abbeville S.C.

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 July 5 1915. (28) [illegible] 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 INDELIBLE 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.

Mayor of Columbia