FORM NO. 1.

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
9070

(1) PLACE OF BIRTH
County of Abbeville
Township of
or
Inc. Town of
or
City of Abbeville
(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. 29
(For use of Local Registrar)
(No. St.; 1st Ward)

(2) Full Name of Child. Hattie Ruth Henry { If child is not yet named, make supplemental report as directed

| (3) BOY OR GIRL | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? | (7) DATE OF BIRTH |
|---|---|---|---|---|
| Girl | X | X | Yes | Apr. 14th 1915 (Name of Month) (Day) (Year) |

To be answered only in event of Twins or Triplets

**FATHER.**

(8) FULL NAME Joseph Henry
(9) PRESENT POSTOFFICE OF FATHER Abbeville, S.C.
(10) COLOR OR RACE Negro
(11) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE Abbeville, S.C.
(13) OCCUPATION Laborer
(20) Number of children born to mother, including present birth { 2

**MOTHER.**

(14) NAME BEFORE MARRIAGE Hagie Garlington
(15) PRESENT POSTOFFICE OF MOTHER Abbeville, S.C.
(16) COLOR OR RACE Negro
(17) AGE AT LAST BIRTHDAY 21 (Years)
(18) BIRTHPLACE Abbeville, S.C.
(19) OCCUPATION Housewife
(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 at 3 a. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Bettie X Whitmore
(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: Abbeville, S.C.

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

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

(27) Filed Apr 16 1915 (28) J. G. Brown
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.