(1) PLACE OF BIRTH

County of Abbeville

Township of Bordeaux

or

Inc. Town of .....

or

City of .....

If birth occurs in a hospital or other institution, give name of same instead of street and number.) (No. ..... St.; ..... Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
25629

Registration District No. 101 ..... Registered No. 41 .....
(For use of Local Registrar)

(2) Full Name of Child Shelton W. Wideman ..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? Twin (To be answered only in event of Twins or Triplets)

(5) Number in order of birth 9

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Aug. 9, 1915 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Rev. Hedley Wideman

(9) PRESENT POSTOFFICE OF FATHER McCormick

(10) COLOR OR RACE Black

(11) AGE AT LAST BIRTHDAY 42 Years

(12) BIRTHPLACE Va. County

(13) OCCUPATION Pastor

(14) Number of children born to mother including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Seale

(15) PRESENT POSTOFFICE OF MOTHER McCormick

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 39 (Years)

(18) BIRTHPLACE Ala. Co

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3 (Hour A. M. or P. M.) P. M., on the date above stated.

(23) (Signature) W. H. Shelton M.D.

(24) State whether Physician or Midwife.

(25) Address of Physician or Midwife

Given name added from a supplemental report

..... , 191

Local Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Aug. 1, 1915 (28) J. B. Karrson
Local Registrar.

* In the case of births attended by a physician, the attending physician should make this return. If no physician was present, it must be made by the father, householder, etc., should make this return. If a report is desired of stillbirths before the ... stillbirths.

Form No. 10

WARNING: DO NOT FOLD OR MUTILATE. WHEN FILLED IN, MAILING, ETC.—THIS IS A PERMANENT RECORD.

IF ... OR REPRINTS use a SEPARATE BLANK for each child, and mark the ... BORN, No. 1, THE OFFICE, No. 2, etc., in question 5.