Form No. 10.

WRITE IN INKS, WHICH CAN ASSURE, 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 OTHERS, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Abbeville

Township of Abbeville

Inc. Town of ..... Registration District No. 100 Registered No. 45 (For use of Local Registrar)

City of ..... (No. Thompson 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
29816

(2) Full Name of Child ..... J. Claudia ..... { 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) 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Aug. 29, 1905 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Tom Claudian	(14) NAME BEFORE MARRIAGE Victoria Thompson
(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.	(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23 (Years)	(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Abbeville S.C.	(18) BIRTHPLACE Abbeville S.C.
(13) OCCUPATION Laborer	(19) OCCUPATION Land
(20) Number of children born to mother, including present birth 1	(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 1 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. A. Lindsey

(24) State whether Physician or Midwife (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 ..... 191.. (28) ..... Local Registrar.

*When there is 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.

Mark: When there is 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.