FORM NO. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
29810

(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. 1040
(For use of Local Reistrar)
(No. ..... St.; 3rd Ward)

(2) Full Name of Child Thomas Mather Morris } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy
(4) Twin or Triplet? X
(5) Number in order of birth X
To be answered only in event of Twins or Triplets
(6) Are Parents Married? Yes
(7) DATE OF BIRTH Sep. 19, 1915 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	James Morris	(14) NAME BEFORE MARRIAGE	Jaide Watson
(9) PRESENT POSTOFFICE OF FATHER	Abbeville, S.C.	(15) PRESENT POSTOFFICE OF MOTHER	Abbeville, S.C.
(10) COLOR OR RACE	Negro	(16) COLOR OR RACE	Negro
(11) AGE AT LAST BIRTHDAY	23 (Years)	(17) AGE AT LAST BIRTHDAY	17 (Years)
(12) BIRTHPLACE	Abbeville, S.C.	(18) BIRTHPLACE	Abbeville, S.C.
(13) OCCUPATION	Section hand	(19) OCCUPATION	Housewife
(20) Number of children born to mother, including present birth	1	(21) Number of children of this mother now living, including present birth	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Betty 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. T. Perrin
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sep 22nd 1915 (28) W. T. Perrin
Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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.