Form No. 1.

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2483

(1) PLACE OF BIRTH

County of Abbeville

Township of Calhoun Mill

or

Inc. Town of ..... Registration District No. ..... Registered No. 7 (For use of Local Reistrar)

or

City of ..... (No. ..... St.; ..... Ward)

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

(2) Full Name of Child Willie Maude Pettigrew — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl

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

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Feb (Name of Month) 7 (Day) 1915 (Year)

| FATHER. | MOTHER. |
|---|---|
| (8) FULL NAME Robt Marion Pettigrew | (14) NAME BEFORE MARRIAGE Maud Sligh |
| (9) PRESENT POSTOFFICE OF FATHER Abbeville S.C. R.F.D. No 1 | (15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C. R.F.D. No 1 |
| (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years) | (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years) |
| (12) BIRTHPLACE Abbeville SC | (18) BIRTHPLACE Allenberry S.C. |
| (13) OCCUPATION Farmer | (19) OCCUPATION House keeper |
| (20) Number of children born to mother, including present birth Four | (21) Number of children of this mother now living, including present birth Four |

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) June A. M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Patsy Houston Troy, S.C.

(24) State whether ~~Physician~~ or Midwife Midwife

(25) Address of ~~Physician~~ or Midwife

Given name added from a supplemental report

....., 191...

..... Registrar

(26) Witness (Miss) Maude Pettigrew (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feby 13 1915 (28) W. H. Andrews 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.