(1) PLACE OF BIRTH

County of Abbeville

Township of Abbeville

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
21726

Registration District No. 11 Registered No. 140
(For use of Local Reistrar)

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

(2) Full Name of Child William Robert [illegible] 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 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 14, 1915 (Name of Month) (Day) (Year)

(Will be answered only in event of Twins or Triplets)

FATHER.

FULL NAME [illegible]

PRESENT POSTOFFICE OF FATHER [illegible]

COLOR OR RACE

AGE AT LAST BIRTHDAY

BIRTHPLACE [illegible]

OCCUPATION

Number of children born to mother including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Circa Sams

(15) PRESENT POSTOFFICE OF MOTHER Abbeville R7 Dk

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE [illegible]

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [illegible] at 10:35 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) Signature [illegible]

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Abbeville R7 Dk

(26) Witness [illegible] (Signature of Witness necessary only if Application 23 is signed by mark)

(27) Filed [illegible] (28) [illegible] Local Registrar.

When name added from a supplemental report

[illegible] householder, etc., should make this return. If [illegible] report is desired of stillbirths before the [illegible]

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.