FORM NO. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
17850

(1) PLACE OF BIRTH

County of Abbeville

Township of Abbeville

or

Inc. Town of ..... Registration District No. 1-9 Registered No. 56 (For use of Local Reistrar)

or

City of Abbeville (No. Mill Hill St.; 3rd Ward)

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

(2) Full Name of Child [illegible] | If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH June 12th, 1915 (Name of Month) (Day) (Year)
	To be answered only in event of Twins or Triplets			

FATHER.	MOTHER.
(8) FULL NAME [illegible]	(14) NAME BEFORE MARRIAGE Lila Finney
(9) PRESENT POSTOFFICE OF FATHER [illegible]	(15) PRESENT POSTOFFICE OF MOTHER Abbeville SC
(10) COLOR OR RACE [illegible] (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE McCormick SC	(18) BIRTHPLACE [illegible] SC
(13) OCCUPATION Mill Operative	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 6	(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 Oclock 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, O C

Given name added from a supplemental report

..... , 191....

..... Registrar

(26) Witness Ida Jefcoat
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 16 1915 (28) T. G. Perrin 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.

McGaw, of Columbia