FORM NO. 1.

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
21713

(1) PLACE OF BIRTH
County of Abbeville
Township of .....
or
Inc. Town of ..... Registration District No. 1-A Registered No. 77 (For use of Local Reistrar)
or
City of Abbeville (No. Ferry 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 Lena Hayes Anderson — 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
(6) Are Parents Married? Yes
(7) DATE OF BIRTH July, 18, 1915 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Lock Frank Andrews	(14) NAME BEFORE MARRIAGE Ruby Wages
(9) PRESENT POSTOFFICE OF FATHER Abbeville, S.C.	(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE Abbeville S.C.	(18) BIRTHPLACE Walton Co. Ga
(13) OCCUPATION Farmer on Farm	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth One	(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 alive (Born alive or stillborn) at 7 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) [illegible] M.D.

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

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

(27) Filed [illegible] 191[illegible] (28) [illegible] 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.