(1) PLACE OF BIRTH

County of Abbeville

Township of Dog Bloom

Town of [illegible] Registration District No. 101 Registered No. 36 (For use of Local Reistrar)

(No. ..... St.; ..... Ward)

(or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
21728

(2) Full Name of Child Cliche Thomas Fuske — If child is not yet named, make supplemental report as directed

(3) Boy or Girl? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH July 21 1915 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) Name [illegible]	(14) NAME BEFORE MARRIAGE Lucy Reynolds
(9) PRESENT POST OFFICE OF FATHER [illegible]	(15) PRESENT POST OFFICE OF MOTHER [illegible]
(10) COLOR OR RACE [illegible] (11) AGE AT LAST BIRTHDAY [illegible]	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE [illegible]	(18) BIRTHPLACE Abbeville Co
(13) OCCUPATION [illegible]	(19) OCCUPATION Housework
(20) Number of children of this mother including present birth	2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

[illegible] this child, who was alive at 5 P. M., (Born alive or stillborn) (Hour A. M. or P. M.)

(21) Signature [illegible] M.D.
(Name whether Physician or Midwife) (25) Address of Physician or Midwife [illegible]

(26) Witness ..... (Name of Witness necessary only [illegible] mark)

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

[illegible] should make this return. If [illegible] 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 [illegible] breathes ever once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.