FORM NO. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
9069

(1) PLACE OF BIRTH
County of Abbeville
Township of .....
or
Inc. Town of ..... Registration District No. 1-a Registered No. 30 (For use of Local Reistrar)
or
City of Abbeville (No. Depot St.; 2nd Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Maria Harper { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl | (4) Twin or Triplet? X | (5) Number in order of birth X | (6) Are Parents Married? Yes. | (7) DATE OF BIRTH Apr. (Name of Month) 11 (Day) 1915 (Year)
To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME John Harper	(14) NAME BEFORE MARRIAGE Bessie Nash
(9) PRESENT POSTOFFICE OF FATHER Abbeville SC	(15) PRESENT POSTOFFICE OF MOTHER Abbeville SC
(10) COLOR OR RACE	(16) COLOR OR RACE Negro.
(11) AGE AT LAST BIRTHDAY 40 (Years)	(17) AGE AT LAST BIRTHDAY 33 (Years)
(12) BIRTHPLACE Abbeville, SC.	(18) BIRTHPLACE (Abbeville County) Brannon Land
(13) OCCUPATION Laborer.	(19) OCCUPATION House wife
(20) Number of children born to mother, including present birth { Six	(21) Number of children of this mother now living, including present birth { Five

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) at 8 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Patience his x Plummer
(24) State whether Physician or Midwife Midwife | (25) Address of Physician or Midwife Abbeville, S.C.

Given name added from a supplemental report
....., 191....
..... Registrar

(26) Witness T. G. Perrin
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Apr. 19th 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.
McCaw, of Columbia.