(1) PLACE OF BIRTH

County of Abbeville

Township of Abbeville

Incorporated 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
21724

Registration District No. ..... Registered No. .....
(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 Preston [illegible] ..... If child is not yet named, make supplemental report as directed

(3) Twin or Triplet? (4) Number in order of birth (5) Are Parents Married? Yes

(7) DATE OF BIRTH July 24 1915
(Name of Month) (Day) (Year)

FATHER.

NAME Preston [illegible]

PRESENT POSTOFFICE OF MOTHER Abbeville

COLOR OR RACE [illegible] AGE AT LAST BIRTHDAY 31

BIRTHPLACE Abbeville

OCCUPATION [illegible]

Number of children of this mother now living including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Estella Boozen

(15) PRESENT POSTOFFICE OF MOTHER Abbeville

(16) COLOR OR RACE [illegible] (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Abbeville S

(19) OCCUPATION House wife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Fair [illegible] 17 M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Martha Edwards

(24) State Mother Physician or Midwife (25) Address of Physician or Midwife

[illegible] Abbeville SC

(26) Witness [illegible]
(If Witness necessary only
[illegible] 23 is signed by mark)

(27) Filed [illegible] 1915 (28) ..... Local Registrar.

[illegible] should make this return. If [illegible] is desired of stillbirths before the [illegible]

Local Registrar.

[illegible] there was no attending physician or midwife, then the father, householder, etc., should make this return. If [illegible] breathes even once it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.