CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
21719

(1) PLACE OF BIRTH

County of Abbeville

Township of

or
Inc. Town of
or
City of Abbeville

Registration District No. 1-A Registered No. 71
(For use of Local Registrar)

(No. North Main St.; 4th 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? Girl

(4) Twin or Triplet? X
To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH July 5 1915
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME [illegible]

(9) PRESENT POSTOFFICE OF FATHER Abbeville

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE Abbeville S.C.

(13) OCCUPATION Mechanic

(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Nell Watson

(15) PRESENT POSTOFFICE OF MOTHER Abbeville

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Abbeville Co. S.C.

(19) OCCUPATION Housekeeper.

(21) Number of children of this mother now living, including present birth 2

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 6:45 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 Abbeville S.C.

Given name added from a supplemental report

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

(27) Filed July 7th 1915 (28) T. S. 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.

Local Registrar.

Registrar

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FORM NO. 3

MARGIN RESERVED FOR BINDING

WHEN PLANNED, WITH ENVELOPE, THIS IS A FIRMANSE 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.