(1) PLACE OF BIRTH

County of Abbeville

Township of Abbeville

or Inc. Town of ..... Registration District No. 1-2 Registered No. 64 (For use of Local Registrar)

or City of Abbeville (No. 1411 St.; 3rd Ward)

(If birth occurs in a hospital 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
17856

(2) Full Name of Child. William Edwin Seymour (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy | (4) Twin or Triplet? X | (5) Number in order of birth X (To be answered only in case of twins or triplets) | (6) Are Parents Married? Yes | (7) DATE OF BIRTH June 28 1915 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Pvt Thomas Seymour	(14) NAME BEFORE MARRIAGE Ruby Edna Gray
(9) PRESENT POSTOFFICE OF FATHER Abbeville	(15) PRESENT POSTOFFICE OF MOTHER Abbeville
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)
(12) BIRTHPLACE Ga	(18) BIRTHPLACE Abbeville
(13) OCCUPATION Farm work	(19) OCCUPATION Housework
(20) Number of children born to mother, including present birth 1	(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn) at 1.30 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) [illegible]

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

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed July 1, 1915 (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.

..... Registrar | ..... 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.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHERS, No. 2, etc., in question 5.

N. B.—Under the law of Columbia, Mo., [illegible]