FORM NO. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
21725

(1) PLACE OF BIRTH
County of Abbeville
Township of Abbeville
or
Inc. Town of ..... Registration District No. 1 ..... Registered No. 38 (For use of Local Registrar)
or
City of ..... (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Essie Wharton ..... If child is not yet named, make supplemental report as directed

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

FATHER.		MOTHER.	
(8) FULL NAME	[illegible]	(14) NAME BEFORE MARRIAGE	Estella Riley
(9) PRESENT POSTOFFICE OF FATHER	Abbeville SC	(15) PRESENT POSTOFFICE OF MOTHER	Abbeville SC
(10) COLOR OR RACE	Negro	(16) COLOR OR RACE	Negro
(11) AGE AT LAST BIRTHDAY	42 (Years)	(17) AGE AT LAST BIRTHDAY	30 (Years)
(12) BIRTHPLACE	Abbeville Co SC	(18) BIRTHPLACE	Abbeville Co SC
(13) OCCUPATION	Farmer	(19) OCCUPATION	House wife
Number of children born to mother, including present birth		(21) Number of children of this mother now living, including present birth	8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive or stillborn at 4 A. M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Anna X Gray

(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 [illegible]
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed [illegible] 191 (28) [illegible] Local Registrar.

*If 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.

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.