Form No. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
33653

(1) PLACE OF BIRTH

County of Abbeville

Township of Burdett

or

Inc. Town of ..... Registration District No. 21 Registered No. 49
(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 Queen Esther Jennings. | If child is not yet named, make supplemental report as directed

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

FATHER.	MOTHER.
(8) FULL NAME Lewis Evans	(14) NAME BEFORE MARRIAGE Mattie Jennings
(9) PRESENT POSTOFFICE OF FATHER	(15) PRESENT POSTOFFICE OF MOTHER McCormick
(10) COLOR OR RACE	(16) COLOR OR RACE Negro
(11) AGE AT LAST BIRTHDAY (Years)	(17) AGE AT LAST BIRTHDAY 19 (Years)
(12) BIRTHPLACE	(18) BIRTHPLACE Edgefield Co.
(13) OCCUPATION	(19) OCCUPATION Wash woman
(20) Number of children born to mother, including present birth	(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 alive (Born alive or stillborn) at 7 (Hour A. M. or P. M.) a. M. on the date above stated.

(23) (Signature) J. G. Bell M.D.

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

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 Oct 7 1915 (28) J. B. Dawson Local Registrar

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

McCay

Written for N. H. Ins. Co.

FIRST-BORN, No. 1. THIRD BORN, No. 3, etc., in question 5.

IN CASE OF TRIPLETS use a SEPARATE BLANK for each child, and mark the

DESIGNED FOR BINDING.

INSERT A PERMANENT RECORD.