CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
17846

(1) PLACE OF BIRTH
County of Abbeville
Township of Abbeville
or
Inc. Town of ..... Registration District No. 1-A Registered No. 51
(For use of Local Reistrar)
or
City of Abbeville (No. Mill Hill St.; 3rd Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? Boy
(4) Twin or Triplet? To be answered only in event of Twins or Triplets
(5) Number in order of birth 1
(6) Are Parents Married? Yes
(7) DATE OF BIRTH June (Name of Month) 9th (Day) 1915 (Year)

FATHER.	MOTHER.
(8) FULL NAME Troy X David Christopher	(14) NAME BEFORE MARRIAGE Sallie May Ponder
(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.	(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 16 (Years)
(12) BIRTHPLACE Jackson County Ga	(18) BIRTHPLACE Abbeville County S.C
(13) OCCUPATION Cotton Mill Operative	(19) OCCUPATION Housewife
(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 alive (Born alive or Stillborn) at 9.30 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. R. Power M.D.

(24) State whether Physician or Midwife Physician
(25) Address of Physician or Midwife Abbeville, S.C.

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 June 12th 1915 (28) T. T. 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.

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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.