(1) PLACE OF BIRTH

County of Abbeville

Township of .....

or

Inc. Town of .....

or

City of Abbeville (No. Greenville St.; 1st 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
29807

Registration District No. 1-A Registered No. 97
(For use of Local Registrar)

(2) Full Name of Child Caroline McAllister — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Girl	X	X	Yes	Sept. 12, 1905 (Name of Month) (Day) (Year)

(4) and (5): To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME Horace Ramsey McAllister	(14) NAME BEFORE MARRIAGE Florence Caroline Miller
(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 40 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)
(12) BIRTHPLACE Abbeville Co S.C.	(18) BIRTHPLACE Abbeville Co. S.C.
(13) OCCUPATION Merchant	(19) OCCUPATION House wife
(20) Number of children born to mother, including present birth 4	(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Live born (Born alive or stillborn) at 3 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) L. L. Bell M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Abbeville S.C.

Given name added from a supplemental report

Sept 10 1915

Lilly Miller Registrar

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

(27) Filed Sep. 14 1915 (28) T. C. 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.

Registrar Local Registrar.

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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.

N. B.—McCaw, of Columbia