FORM NO. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
21714

(1) PLACE OF BIRTH

County of Abbeville

Township of Abbeville

Inc. or Town of Abb

City of Abbeville (No. Ferry St.; 4th Ward)

Registration District No. [illegible] Registered No. 16 (For use of Local Registrar)

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child [illegible] } If child is not yet named, make supplemental report as directed

(3) BOY OR [illegible] | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? Yes | (7) DATE OF BIRTH July 14 1915 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME [illegible]

(9) PRESENT POSTOFFICE OF FATHER Abbeville Ga

(10) COLOR OR RACE White | (11) AGE AT LAST BIRTHDAY 43 (Years)

(12) BIRTHPLACE [illegible]

(13) OCCUPATION [illegible]

(14) Number of children born to mother, including present birth [illegible]

MOTHER.

(14) NAME BEFORE MARRIAGE Pearl Ivory

(15) PRESENT POSTOFFICE OF MOTHER Abbeville Ga

(16) COLOR OR RACE White | (17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE Athens Ga

(19) OCCUPATION [illegible]

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was [illegible] at 12.45 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [illegible] Simpson MD

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

Given name added from a supplemental report

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Registrar

(26) Witness

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

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

[illegible] attending physician or midwife, then the father, householder, etc., should make this return. If [illegible] must not be reported as stillborn. No report is desired of stillbirths before the [illegible] month of pregnancy.

WRITE PLAINLY WITH UNFADING 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 OTHER No. 2, etc. in question 5