FORM NO. 1.

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

(1) PLACE OF BIRTH

County of Abbeville

Township of .....
or
Inc. Town of .....
or
City of Abbeville (No. Alley Dobbs St.; 2nd Ward)

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

Registration District No. 1-A Registered No. 83 (For use of Local Registrar)

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

(3) BOY OR GIRL?	(4) Twin or Triplet? (To be answered only in event of Twins or Triplets)	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy	[illegible]	2	Yes	Aug. 11th 1915 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME [illegible]	(14) NAME BEFORE MARRIAGE Mary Dobbs
(9) PRESENT POSTOFFICE OF FATHER [illegible]	(15) PRESENT POSTOFFICE OF MOTHER Abbeville, S.C.
(10) COLOR OR RACE [illegible] (11) AGE AT LAST BIRTHDAY [illegible] (Years)	(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 37 (Years)
(12) BIRTHPLACE [illegible]	(18) BIRTHPLACE Abbeville S.C.
(13) OCCUPATION [illegible]	(19) OCCUPATION House keeper
(20) Number of children born to mother, including present birth [illegible]	(21) Number of children of this mother now living, including present birth [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 a. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [illegible] Mortar

(24) State whether Physician or Midwife [illegible]

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

Given name added from a supplemental report

, 191..

Registrar

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

(27) Filed Aug 18th 1915 (28) T. P. Pennal
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.

MARGIN (LEFT HAND) FOR BINDING.
WHEN CHECKED, WITH INK ABOVE, 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.