FORM NO. 5. 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.

McCaw, of Columbia.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
9076

(1) PLACE OF BIRTH

County of Abbeville

Township of Abbeville

or

Inc. Town of ..... Registration District No. 100 Registered No. 19 (For use of Local Reistrar)

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** Infant Not Named — 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	1	Yes	March, 23, 1915 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME Rose Foster Williams	(14) NAME BEFORE MARRIAGE Sarah Thompson
(9) PRESENT POSTOFFICE OF FATHER Abbeville Co	(15) PRESENT POSTOFFICE OF MOTHER Abbeville Co
(10) COLOR OR RACE Negroe (11) AGE AT LAST BIRTHDAY 30 (Years)	(16) COLOR OR RACE Negroe (17) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE Abbeville Co	(18) BIRTHPLACE Abbeville Co
(13) OCCUPATION Farmer	(19) OCCUPATION House Wife
(20) Number of children born to mother, including present birth One	(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rose Foster Williams

(24) State whether Physician or Midwife Licensed Physician

(25) Address of Physician or Midwife None

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 4-14 1915 (28) ..... 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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