Form No. 10.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH PERMANENT 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.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
33518

(1) PLACE OF BIRTH
County of Abbeville
Township of Abbeville
or
Inc. Town of ..... Registration District No. 100 Registered No. 56
(For use of Local Registrar)
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 Jasmine Thomson } If child is not yet named, make supplemental report as directed

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

FATHER.	MOTHER.
(8) FULL NAME Willie Thomson	(14) NAME BEFORE MARRIAGE Ora Fuller
(9) PRESENT POSTOFFICE OF FATHER Abbeville R 2	(15) PRESENT POSTOFFICE OF MOTHER Abbeville R 2
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26 (Years)	(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE Abbeville Co	(18) BIRTHPLACE Abbeville Co
(13) OCCUPATION Farmer	(19) OCCUPATION Farm wife
(20) Number of children born to mother, including present birth Five	(21) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Male Born alive on the date above stated. (Born alive or stillborn) 1:30 P. M. (Hour A. M. or P. M.)

(23) (Signature) J. H. Wilson X his mark
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Abbeville

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 ..... 191... (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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