FORM NO. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
13322

(1) PLACE OF BIRTH

County of Abbeville

Township of .....

or

Inc. Town of .....

or

City of Abbeville (No. ....., ... St.; ..... Ward)

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

Registration District No. 1-40 Registered No. 40 (For use of Local Reistrar)

(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?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
[illegible]	[illegible]	6	[illegible]	May 13 1915 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME [illegible]	(14) NAME BEFORE MARRIAGE [illegible]
(9) PRESENT POSTOFFICE OF FATHER Abbeville Co	(15) PRESENT POSTOFFICE OF MOTHER Abbeville
(10) COLOR OR RACE [illegible] (11) AGE AT LAST BIRTHDAY 31 (Years)	(16) COLOR OR RACE [illegible] (17) AGE AT LAST BIRTHDAY 31 (Years)
(12) BIRTHPLACE Anderson Co	(18) BIRTHPLACE Abbeville Co
(13) OCCUPATION [illegible]	(19) OCCUPATION House wife
(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 [illegible] at 2.55 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [illegible]

(24) State whether Physician or Midwife [illegible]

(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.

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.