FORM NO. 1 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.
WRITE N. B. Mailing of Columbia

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
21712

(1) PLACE OF BIRTH
County of Abbeville
Township of .....
or
Inc. Town of .....
or
City of Abbeville
(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. 78 (For use of Local Registrar)
(No. Mill Hill St.; 3rd Ward)

(2) Full Name of Child Allen Scott — 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 July 21 1915 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Will Andrew Scott	(14) NAME BEFORE MARRIAGE	Claude Cusswell
(9) PRESENT POSTOFFICE OF FATHER	Abbeville	(15) PRESENT POSTOFFICE OF MOTHER	Abbeville
(10) COLOR OR RACE	White (11) AGE AT LAST BIRTHDAY 29 (Years)	(16) COLOR OR RACE	White (17) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE	Abbeville Co	(18) BIRTHPLACE	Abbeville Co
(13) OCCUPATION	Mill Work	(19) OCCUPATION	Housewife
(20) Number of children born to mother, including present birth	4	(21) Number of children of this mother now living, including present birth	4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3 A. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. L. Gambrell MD

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife Abbeville SC

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 21st 191... (28) ... Perrin
Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If the child breathes even once it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Registrar | Local Registrar.