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.

Mailing of Columbia

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 ..... Registration District No. 1-A Registered No. 86 (For use of Local Reistrar)

or

City of Abbeville (No. Magazine St.; 2nd Ward)

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

(2) Full Name of Child Winona Durst Welch } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl

(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 Aug. 14, 1918 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Frank Marion Welch	(14) NAME BEFORE MARRIAGE Ruth Narcissa Barksdale (Barksdale)
(9) PRESENT POSTOFFICE OF FATHER [illegible]	(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.
(10) COLOR OR RACE [illegible] (11) AGE AT LAST BIRTHDAY 25 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)
(12) BIRTHPLACE [illegible]	(18) BIRTHPLACE Greenwood S.C.
(13) OCCUPATION [illegible]	(19) OCCUPATION House wife
(20) Number of children born to mother, including present birth 3	(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) L. Y. Hill M.D.

(24) State whether Physician or Midwife

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

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 Aug. 1918 (28) [illegible] 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.