FORM NO. 1.

(1) PLACE OF BIRTH

County of Abbeville

Township of

Inc. Town of
or
City of Abbeville

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
21715

Registration District No. 1 Registered No. 75
(For use of Local Registrar)

(No. 7 JENKINS St.; 2 n. c. Ward)

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

2) Full Name of Child Lorenza Williams

If child is not yet named, make supplemental report as directed

(3) [redacted] GIRL? Girl

(4) Twin or Triplet? Y

(5) Number in order of birth X

To be answered only in event of Twins or Triplets

(6) Are Parents Married? No

(7) DATE OF BIRTH July 8 1915
(Name of Month) (Day) (Year)

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

(23) (Signature) William Scott

(24) State whether Physician or Midwife Midwife

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

Given name added from a supplemental report

191

Registrar

(26) Witness [illegible]
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed [illegible] 191[illegible] (28) [illegible]
Local Registrar.

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If [illegible] it must not be reported as stillborn. No report is desired of stillbirths before the [illegible] month of pregnancy.

WHEN PLANNED, WRITE FOR FORMS. ADDRESS STATE BOARD OF HEALTH, COLUMBIA, S. C.

N. B. In case of TWINS OR TRIPLETS enter in NOTES, on BLANK for each child, and mark the THREE BLANKS No. 1 THE OTHER No. 2 etc. to question 5.

MARGIN TO BE TRIMMED BY BINDERS.