FORM NO. 1.

(3)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
29804

(1) PLACE OF BIRTH
County of Abbeville
Township of .....
or
Inc. Town of .....
or
City of Abbeville (No. Wilson St.; 2nd Ward)
(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. 92 (For use of Local Reistrar)

(2) Full Name of Child Elliott Walker — 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
Boy	X	X	No	Sept 4, 1915 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME Elliott Houston	(14) NAME BEFORE MARRIAGE Lucy Walker
(9) PRESENT POSTOFFICE OF FATHER Abbeville SC	(15) PRESENT POSTOFFICE OF MOTHER Abbeville SC
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 36 (Years)	(16) COLOR OR RACE Colored Black (17) AGE AT LAST BIRTHDAY 19 (Years)
(12) BIRTHPLACE Abbeville SC	(18) BIRTHPLACE Abbeville SC
(13) OCCUPATION Works at Restaurant	(19) OCCUPATION Cooking
(20) Number of children born to mother, including present birth Three	(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 4 P.M. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) .....

(24) State whether Physician or Midwife: Victoria Wardlaw Midwife

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

Given name added from a supplemental report
....., 191....
..... Registrar

(26) Witness F. M. Lane
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept 4 1915 (28) W. G. Perrin 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.