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.

N. B. McCaw, of Columbia.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only 2477

(1) PLACE OF BIRTH

County of Abbeville

Township of Bordeaux

or

Inc. Town of ..... Registration District No. 101 Registered No. 7 (For use of Local Reistrar)

or

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

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

(2) **Full Name of Child** Francis Speoma { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth 1

(6) Are Parents Married? No

(7) DATE OF BIRTH Feb 29 (Name of Month) (Day), 1915 (Year)

FATHER.	MOTHER.
(8) FULL NAME Unknown	(14) NAME BEFORE MARRIAGE Sallie Speoman
(9) PRESENT POSTOFFICE OF FATHER Unknown	(15) PRESENT POSTOFFICE OF MOTHER McCormick
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY ~~17~~ (Years)	(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 17 (Years)
(12) BIRTHPLACE Unknown	(18) BIRTHPLACE Abbaville Co
(13) OCCUPATION Unknown	(19) OCCUPATION Farm Hand
(20) Number of children born to mother, including present birth {	(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 (Born alive or stillborn) at 2.30 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. M. Brown M.D.

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

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 March 1st 1915 (28) J. B. Dawson 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.

Registrar 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.

McCaw,