

Form No. 1.

(1) PLACE OF BIRTH

County of AbbevilleTownship of Cedar SpringsInc. Town of
or

City of

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

62776

Registered No. 3

(For use of Local Registrar)

(2) Full Name of Child Maude Hall

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June, 26, 1916</u>
<small>To be answered only in event of Twins or Triplets</small>				<small>(Name of Month) (Day) (Year)</small>

FATHER.

(8) FULL NAME <u>Burgess A. Hall</u>	(11) AGE AT LAST BIRTHDAY <u>37</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Abbeville, S.C.</u>	(10) COLOR OR RACE <u>Colored</u>
(12) BIRTHPLACE <u>Cedar Springs</u>	(13) OCCUPATION <u>Turnpin</u>
(20) Number of children born to mother, including present birth <u>4</u>	

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Mary Popley</u>	(17) AGE AT LAST BIRTHDAY <u>24</u>
(15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville, S.C.</u>	(16) COLOR OR RACE <u>Colored</u>
(18) BIRTHPLACE <u>Abbeville, S.C.</u>	(19) OCCUPATION <u>Turnpin</u>
(21) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at P.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Maude Hall(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Abbeville, S.C.

Given name added from a supplemental report

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Registrar

(26) Witness Burgess Hall
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 26, 1916 (28) S. M. Woodlaw
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.

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.

McCaw, of Columbia.