

Form No. 1

H(1) PLACE OF BIRTH

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County of Abbeville
 Township of Donald
 OF
 Inc. Town of
 OF
 City of Donald R # 1 (No. 105 St. 16 Ward) 16

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

5595

Registration District No. 105 Registered No. 16
 (For use of Local Registrar)

City of Donald R # 1 (No. 105 St. 16 Ward) 16
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Elmer Christine Child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH March 5, 23
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Vernon Howard(9) PRESENT POSTOFFICE OF FATHER Donald R # 3(10) COLOR OR RACE black (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Abbeville(13) OCCUPATION farm work(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Janie V. Gilbert(15) PRESENT POSTOFFICE OF MOTHER Donald R # 1(16) COLOR OR RACE black (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Greenwood(19) OCCUPATION farm work(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 born alive at 5 A. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) W. A. Johnson(24) State Physician (25) Address of Physician or Midwife W. A. Johnson

(Given name added from a supplemental report)

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

(27) Filed April 10, 1923 (28) W. A. Johnson 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.

WHITE 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.

McCaw of Columbia, Columbia, S. C.