

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 N. No. 1. THE OTHER, No. 2, etc., in question 5.
 McCaw, of Columbia.

(1) PLACE OF BIRTH
 County of *Abbeville*
 Township of *Abbeville*
 OR
 Inc. Town of
 OR
 City of

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

File No.—For State Registrar Only
62756

Registration District No. *100* Registered No. *123*
 (For use of Local Registrar)

(2) Full Name of Child *Foster Allen Jr.* } If child is not yet named, make
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) } supplemental report as directed

(3) BOY OR GIRL *Male* (4) Twin or Triplet? (5) Number in order of birth *X* (6) Are Parents Married *Yes* (7) DATE OF BIRTH *June 4 1916*
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME *Foster Allen*
 (9) PRESENT POSTOFFICE OF FATHER *Abbeville S.C.*
 (10) COLOR OR RACE *Coe* (11) AGE AT LAST BIRTHDAY *21* (Years)
 (12) BIRTHPLACE *Abbeville S.C.*
 (13) OCCUPATION *Farmer*
 (20) Number of children born to mother, including present birth *Two*

MOTHER.
 (14) NAME BEFORE MARRIAGE *Carrie Allen*
 (15) PRESENT POSTOFFICE OF MOTHER *Abbeville S.C.*
 (16) COLOR OR RACE *Coe* (17) AGE AT LAST BIRTHDAY *27* (Years)
 (18) BIRTHPLACE *Abbeville S.C.*
 (19) OCCUPATION *Housewife*
 (21) Number of children of this mother now living, including present birth *Two*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born* at *2 P.* M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) *Peterson Plumb*
 (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Abbeville*

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 *June 6 1916* (28) _____ 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.
 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.