

(1) PLACE OF BIRTH Abbeville **CERTIFICATE OF BIRTH**
 County of McCormick **STATE OF SOUTH CAROLINA.**
 Township of Indian Hill **Bureau of Vital Statistics**
State Board of Health

File No.—For State Registrar Only
71057

Inc. Town of Registration District No. 11 Registered No. 7 51
 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. Gessie Venable Yarborough If 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) Age yes (7) DATE OF BIRTH Aug. 1, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Marion Yarborough
 (9) PRESENT POSTOFFICE OF FATHER Truy & C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 51 (Years)
 (12) BIRTHPLACE Tenn. Ga.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Tuggle
 (15) PRESENT POSTOFFICE OF MOTHER Truy & C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26 (Years)
 (18) BIRTHPLACE Ga.
 (19) OCCUPATION House Wife
 (20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1:25 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. H. X. Workman, M.D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Truy & C.

Given name added from a supplemental report

(26) Witness W. K. Long
 (Signature of Witness necessary only when question 23 is signed by mark)

Registrar

(27) Filed Aug. 3, 1916 (28) Sarn L. Long 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 WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.