

Form No. 1

(1) PLACE OF BIRTH

County of AbbevilleTownship of Abbeville

Inc. Town of

City of

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

(2) Full Name of Child Not Named

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

(3) SEX OR CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1st (6) Are from Mother Yes (7) DATE OF BIRTH Nov 5 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harrison Bastin(9) PRESENT RESIDENCE OF FATHER Abbeville S C(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 30 (Year)(12) BIRTHPLACE S C(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Gessie Bastin(15) PRESENT RESIDENCE OF MOTHER Abbeville S C(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 25 (Year)(18) BIRTHPLACE S C(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Marie X Tate(23) State whether Physician or Midwife Midwife(24) Address of Physician or Midwife Abbeville S C

Given name added from a supplemental report

(25) Witness P. E. P. P.

(Signature of Witness necessary only when question 21 is signed by mark)

(26) Filed Nov 15 1923(27) Local Registrar P. E. P. P.

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 sixth month of pregnancy.

MARGIN RESERVED FOR INDEXING.
WRITE PLAINLY, 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 1.