

Form No. 1

(1) PLACE OF BIRTH

County of Abbeville  
Township of One West

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only  
**50879**

Inc. Town of ..... Registration District No. 106 Registered No. 18  
(For use of Local Registrar)  
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 Miriam Lucy L. Hawthorne } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH March 20, 1906  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Calvin Hawthorne

(9) PRESENT POSTOFFICE OF FATHER One West St.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 25  
(Years)

(12) BIRTHPLACE Abb. Co.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 4

MOTHER.  
(14) NAME BEFORE MARRIAGE Delia Joseph

(15) PRESENT POSTOFFICE OF MOTHER One West St.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 32  
(Years)

(18) BIRTHPLACE Abb. Co.

(19) OCCUPATION Filed Lamp

(21) Number of children of this mother now living, including present birth { 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was B. alive at 6 A.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. C. Tabbler

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
midwife | One West St.

Given name added from a supplemental report

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

(27) Filed Mar 29, 1906 (28) J. C. Tabbler Registrar

M. 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.

\*When there was no attending physician or midwife, then the father, household, etc., should make this return a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before fifth month of pregnancy.