

Form No. 1

(1) PLACE OF BIRTH
 County of Abbeville
 Township of One West
 Inc. Town of
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No. — For State Registrar Only
50879

Registration District No. 106 Registered No. 18
 (For use of Local Registrar)

(2) Full Name of Child Minnie Lucy Hawthorne If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>March 20, 1906</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Calvin Hawthorne</u>			(14) NAME BEFORE MARRIAGE <u>Delia Joseph</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>One West St.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>One West St.</u>	
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>negro</u>		
(12) BIRTHPLACE <u>Abb. Co.</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)			
(13) OCCUPATION <u>Farmer</u>	(18) BIRTHPLACE <u>Abb. Co.</u>			
(19) OCCUPATION <u>Farmer</u>			(20) OCCUPATION <u>Free Lamp</u>	
(21) Number of children born to mother, including present birth <u>4</u>			(22) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(24) (Signature) J. C. Trubbs
 (25) State whether Physician or Midwife midwife (26) Address of Physician or Midwife One West St.

Given name added from a supplemental report
 191....

 Registrar

(27) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (28) Filed Mar 29, 1906 (29) J. C. Trubbs Registrar

*When there was no attending physician or midwife, then the father, householder, 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.

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.