

Form No 1.

(1) PLACE OF BIRTH

County of Abbeville
Township of Calhoun Mill
or
Inc. Town of
or
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
50861

Registration District No. Registered No. 102
(For use of Local Registrar)
No. (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Louis Jay { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 5 1916
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>John Jay</u>	(14) NAME BEFORE MARRIAGE <u>Georgia Weir</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Troy, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Troy, S.C.</u>
(10) COLOR OR RACE <u>Negro</u>	(16) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)
(12) BIRTHPLACE <u>Abbeville Co., S.C.</u>	(18) BIRTHPLACE <u>Abbeville Co., S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farm Hand</u>
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 A. M.
on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Emma Donelson (Midwife)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 3-2 1916 (28) D. J. McAllister 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 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, No. 1. THE OTHER, No. 2, etc., in question 5.

State of Columbia