

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

13672

Registration District No. 314

Registered No. 18
(For use of Local Registrar)

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

(2) Full Name of Child

William McAbes

3. BOY OR GIRL

boy

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married?

7. DATE OF BIRTH

May 17 22
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME

Ben McAbes

9. PRESENT POSTOFFICE OF FATHER

Williamston SC

10. COLOR OR RACE

White

11. AGE AT LAST BIRTHDAY

26
(Years)

12. BIRTHPLACE

Ga

13. OCCUPATION

Farmer

MOTHER.

14. NAME BEFORE MARRIAGE

Della King

15. PRESENT POSTOFFICE OF MOTHER

Williamston SC

16. COLOR OR RACE

White

17. AGE AT LAST BIRTHDAY

24
(Years)

18. BIRTHPLACE

Tenn

19. OCCUPATION

Domestic

20. Number of children born to mother, including present birth

One

21. Number of children of this mother now living, including present birth

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Blue at 11:45 M. on the date above stated. (Born at 11:45 M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Signature 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

June 10 22

(28)

J. J. Martin

Local Registrar

19
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.