

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

No. 1.—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.

McLaws, of Columbia.

(1) PLACE OF BIRTH
County of Abbeville
Township of Abbeville
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
75315

Registration District No. 1.00 Registered No. 146
(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. George Thomas } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Male</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 28, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Jimmie Thomas

(9) PRESENT POSTOFFICE OF FATHER Abbeville S

(10) COLOR OR RACE Coe (11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE Abbeville S

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Lena McBride

(15) PRESENT POSTOFFICE OF MOTHER Abbeville S

(16) COLOR OR RACE Coe (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Abbeville S

(19) OCCUPATION Farmer

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

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) James G. Abbeville

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife J. G. Abbeville S

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed Aug 30, 1916 (28) James G. Abbeville 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.