

Form No. 10.

MARGIN RESERVED FOR BINDING.

WHITE 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.

Law. of Columbia

(1) PLACE OF BIRTH  
 County of Abbeville  
 Township of Abbeville  
 or Town of .....  
 Inc. 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  
**50851**

Registration District No. 10A Registered No. 83  
 (For use of Local Registrar)

(2) Full Name of Child Andrew Gray Lett } 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 1 (6) Are Parents Married?  (7) DATE BIRTH Nov 3 1916  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME William Lett  
 (9) PRESENT POSTOFFICE OF FATHER Abbeville SC  
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 23 (Years)  
 (12) BIRTHPLACE Abbeville Co  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth Two

MOTHER.  
 (14) NAME BEFORE MARRIAGE Anna Gray  
 (15) PRESENT POSTOFFICE OF MOTHER Abbeville Co  
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 18 (Years)  
 (18) BIRTHPLACE Abbeville Co  
 (19) OCCUPATION Jan head  
 (21) Number of children of this mother now living, including present birth Two

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Lett  
 (24) State whether Physician or Midwife  (25) Address of Physician or Midwife Abbeville

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

(26) Witness [Signature]  
 (Signature of Witness necessary only when question 23 is signed by midwife)

(27) Filed 21 1916 (28) [Signature] 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.

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