

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.
 McCaw McCaw, of Columbia.

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**
 County of Abbeville STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Donalds State Board of Health
 or
 Inc. Town of Registration District No. 106 Registered No. 88
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
45121

(2) Full Name of Child Elyvester Anderson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Male (4) Twin or Triplet? (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 3 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME E. D. Anderson
 (9) PRESENT POSTOFFICE OF FATHER Donalds
 (10) COLOR OR RACE Black. (11) AGE AT LAST BIRTHDAY 28 (Years)
 (12) BIRTHPLACE Abbeville Co
 (13) OCCUPATION Farmer Tenant
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Butler
 (15) PRESENT POSTOFFICE OF MOTHER Donalds
 (16) COLOR OR RACE Black. (17) AGE AT LAST BIRTHDAY 20 (Years)
 (18) BIRTHPLACE Abbeville Co
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 A. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. A. Evans
 (24) State whether Physician or Midwife | (25) Address of Physician or Midwife
Midwife | Donalds

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

(26) Witness D. M. H.
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Jan 12 1916 (28) D. M. H. 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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