

Form No. 10.

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.

Chav. of Columbia

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

### CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

62753

Inc. Town of ..... Registration District No. 1-9 Registered No. 54  
(For use of Local Registrar)  
City of Abbeville (No. Beau Stee St.; 3rd 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 Isaac Cole } 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? Yes (7) DATE OF BIRTH June, 24<sup>th</sup> 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Colthrus Cole  
(9) PRESENT POSTOFFICE OF FATHER Abbeville  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years)  
(12) BIRTHPLACE Abbeville S.C.  
(13) OCCUPATION P.R. Employee  
(20) Number of children born to mother, including present birth 1

MOTHER.  
(14) NAME BEFORE MARRIAGE Louise Jenkins  
(15) PRESENT POSTOFFICE OF MOTHER Abbeville  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)  
(18) BIRTHPLACE Abbeville, S.C.  
(19) OCCUPATION House Keeper  
(21) Number of children of this mother now living, including present birth 1

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

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 P. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Louise Jenkins  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Abbeville, S.C.

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

(26) Witness J. G. Brown (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed June 24<sup>th</sup> 1916 (28) J. G. Brown 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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