

Form No. 1.

(1) PLACE OF BIRTH

County of Abbeville  
 Township of Donahee  
 or  
 Inc. Town of Donahee  
 or  
 City of Donahee

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only  
**50872**

Registration District No. 1001 Registered No. 95  
 (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 Thomas Sarah

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH 18 March 1916  
 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME W. W. Graham  
 (9) PRESENT POSTOFFICE OF FATHER Donahee  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 60 (Years)  
 (12) BIRTHPLACE Abbeville Co  
 (13) OCCUPATION Household  
 (20) Number of children born to mother, including present birth 1st

(14) NAME BEFORE MARRIAGE Budie Bagwood  
 (15) PRESENT POSTOFFICE OF MOTHER Donahee  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)  
 (18) BIRTHPLACE Abbeville  
 (19) OCCUPATION House wife  
 (21) Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive, at 6 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. R. R. Allen  
 (24) State whether Physician or Midwife (25) Address 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 March 1916 (28) Anderson 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.

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 3.  
 McCaw, of Columbia.