

FORM NO. 1.

(1) PLACE OF BIRTH

County of AbbevilleTownship of Lowndesvilleor
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Sarah Linton { 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 108 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 9 1906 (Name of Month) (Day) (Year)FATHER.
(8) FULL NAME J. Linton
(9) PRESENT POSTOFFICE OF FATHER Lowndesville S.C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 29 (Years)
(12) BIRTHPLACE Abbeville Co.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 6MOTHER.
(14) NAME BEFORE MARRIAGE Francis Corby
(15) PRESENT POSTOFFICE OF MOTHER Lowndesville
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE Abbeville Co.
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 10 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. Linton Black
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

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

(27) Filed Mar 10 1906 (28) J. M. H. Kable 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.

MARGIN RESERVED FOR BINDING. WITH ENLARGING 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.