

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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Abbeville</u>		STATE OF SOUTH CAROLINA		24418	
Township of <u>Long Cane</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
City of		Registration District No. <u>07</u>		Registered No. <u>38</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Moiselle Fisher</u>		If child is not yet named, make supplemental report as directed			
3) BOY OR GIRL? <u>Boy</u>	4) Twin or Triplet? <u>1</u>	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>Aug 9</u> 19 <u>22</u>	
		To be answered only in case of Twins or Triplets		(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
8) FULL NAME <u>Eugene Fisher</u>			14) NAME BEFORE MARRIAGE <u>Matilda Hogan</u>		
9) PRESENT POSTOFFICE OF FATHER <u>Abbeville SC</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville SC</u>		
10) COLOR OR RACE <u>Negro</u>			16) COLOR OR RACE <u>Negro</u>		
11) AGE AT LAST BIRTHDAY <u>30</u> (Years)			17) AGE AT LAST BIRTHDAY (Years)		
12) BIRTHPLACE <u>Abbeville SC</u>			18) BIRTHPLACE <u>Abbeville SC</u>		
13) OCCUPATION <u>Farmer</u>			19) OCCUPATION <u>Housewife</u>		
20) Number of children born to mother, including present birth <u>1</u>			21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>8.9</u> A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Mahala C. Cook</u>					
(24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Abbeville SC</u>					
Given name added from a supplemental report			(26) Witness <u>W. H. McKee</u>		
..... 19			(27) Filed <u>Aug 11</u> 19 <u>22</u> (28) <u>E. R. Miller</u>		
Registrar			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.					