

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <div style="border: 1px solid black; padding: 5px; display: inline-block;">6215</div>	
County of <u>Abbeville</u>		Township of <u>Durham</u>		Registration District No. <u>126</u> Registered No. <u>18</u>	
Inc. Town of		City of		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)			
(2) Full Name of Child					
(If child is not yet named, make supplemental report as directed)					
(3) SEX—OR—GIRL?	(4) Twin or Triplet? <u>1</u>	(5) Number in order of birth <u>6</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH... <u>3/27</u> ... 19 <u>22</u>	
To be answered only in event of Twins or Triplets					
FATHER.			MOTHER.		
(8) FULL NAME <u>J. C. Fleming</u>			(14) NAME BEFORE MARRIAGE <u>Minie Priddy</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Durham</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Durham</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY... <u>35</u> ... (Years)			(17) AGE AT LAST BIRTHDAY... <u>28</u> ... (Years)		
(12) BIRTHPLACE <u>Abbeville</u>			(18) BIRTHPLACE <u>Aiken</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>2 P.</u> M., on the date above stated.					
(Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>J. E. [Signature]</u>					
(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)		
..... 19 Registrar			(27) Filed <u>April 4</u> 19 <u>22</u> (28) <u>J. H. [Signature]</u> Local Registrar.		
<p>*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.</p>					

McGraw-Hill, Columbia, S. C.