

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

File No.—For State Registrar Only
71020

(1) PLACE OF BIRTH
County of Abbeville
Township of Louisa Cove
or
Inc. Town of _____
or
City of _____ (No. _____ St.; _____ Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(2) Full Name of Child Thomas Marshall } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth	(6) Are Parents Married? <input checked="" type="checkbox"/>	(7) DATE OF BIRTH <u>Aug. 1, 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Richard Marshall</u>	(14) NAME BEFORE MARRIAGE <u>Ella Moore</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Abbeville</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville</u>			
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>65</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)	
(12) BIRTHPLACE <u>Abbeville</u>	(18) BIRTHPLACE <u>Abbeville</u>			
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</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>5</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 12 P. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Miller & Means
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Abbeville

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

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

(27) Filed Aug. 10, 1916 (28) E. K. Miller 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 INDEXING
WHILE 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.
McGraw, of Columbia