

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

File No.—for State Registrar Only  
**2593**

(1) PLACE OF BIRTH  
 County of Abbeville

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

Registration District No. 1A Registered No. 11  
 (For use of Local Registrar)

(No. Wilson 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**

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

(3) BOY OR GIRL girl (4) Twin or Triplet ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 21, 1923  
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME William E. Loomis  
 (9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 28 (Years)  
 (12) BIRTHPLACE Abbeville S.C.  
 (13) OCCUPATION Teacher  
 (14) Number of children born to mother, including present birth 5

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Marie E. Watkins  
 (15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 32 (Years)  
 (18) BIRTHPLACE Cokesberry S.C.  
 (19) OCCUPATION House wife  
 (21) Number of children of this mother now living, including present birth 5

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Victoria W. Warden  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Abbeville S.C.

Given name added from a supplemental report

(26) Witness Miss Julia McAllister  
 (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Sept. 28, 1923 (28) Miss Julia McAllister 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 1.