

Form No. 1.

(1) PLACE OF BIRTH

County of Abbeville  
 Township of Long Cnty

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

50886

Inc. Town of ..... Registration District No. 107 Registered No. 16  
 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 Elena Waldon { If child is not yet named, make supplemental report as directed

(3) ~~BOY OR~~ GIRL? (4) ~~TWIN~~ OR Triplet? (5) Number in order of birth 2 (6) Are Parents Married? No (7) DATE OF BIRTH Feb 5 6  
 (To be answered only in case of Twins or Triplets) (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Lee Waldon  
 (9) PRESENT POSTOFFICE OF FATHER  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY (Years)  
 (12) BIRTHPLACE  
 (13) OCCUPATION  
 (20) Number of children born to mother, including present birth { .....

MOTHER.  
 (14) NAME BEFORE MARRIAGE Louise Thomas  
 (15) PRESENT POSTOFFICE OF MOTHER Abbeville  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY (Years)  
 (18) BIRTHPLACE Abbeville  
 (19) OCCUPATION  
 (21) Number of children of this mother now living, including present birth { 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) W. F. Tuckers  
 (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)

(27) Filed Mar 5 1916 (28) E. H. 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.

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.

McCaw, of Columbia.