

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

County of Abbeville

Township of Long Corn

or  
Inc. Town of  
or  
City of

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only  
**50883**

Registration District No. 107

Registered No. 21  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) St. Ward

(2) Full Name of Child Erskin Donaldson

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet? 1

(5) Number in order of birth 4  
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Mar 23 6  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Calvin Donaldson

(9) PRESENT POSTOFFICE OF FATHER Abbeville

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Abbeville

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Corie Stronker

(15) PRESENT POSTOFFICE OF MOTHER Abbeville

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Abbeville

(19) OCCUPATION Housewife

(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 alive at 9 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Barrie E. Jones

(24) State whether Physician or Midwife. (25) Address of Physician or Midwife Abbeville, S.C.

Given name added from a supplemental report

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

(27) Filed Mar 27 1916 (28) E. A. 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.

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