

Form No. 1

## (1) PLACE OF BIRTH

County of AbbevilleTownship of Abbeville

Inc. Town of .....

City of .....

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

(2) Full Name of Child Rufus Walth

|                                |  |                                 |   |   |
|--------------------------------|--|---------------------------------|---|---|
| (3) SEX OR<br>Color <u>Boy</u> | (4) Twin<br>or Triplet<br>To be answered only in case of Twin or Triplet | (5) Number in<br>order of birth | (6) Are<br>Parents<br>Married? <u>Yes</u> | (7) DATE OF<br>BIRTH <u>Oct 1 23</u><br>(Month of Month) (Day) (Year) |
|--------------------------------|--|---------------------------------|---|---|

| FATHER.   |  | MOTHER.   |  |
|---|--|---|--|
| (8) FULL<br>NAME <u>Rufus Walth</u>   | (14) NAME BEFORE<br>MARRIAGE <u>Annetta Ramey</u>                                      | (9) PRESENT<br>RESIDENCE<br>OF FATHER <u>Abbeville S.C.</u> | (15) PRESENT<br>RESIDENCE<br>OF MOTHER <u>Abbeville S.C.</u> |
| (10) COLOR<br>OR<br>RACE <u>Colored</u>                                     | (11) AGE AT LAST<br>BIRTHDAY <u>24</u><br>(Years)                                      | (16) COLOR<br>OR<br>RACE <u>Colored</u>                     | (17) AGE AT LAST<br>BIRTHDAY <u>23</u><br>(Years)            |
| (12) BIRTHPLACE<br><u>Abbeville Co</u>                                      | (13) OCCUPATION<br><u>Farmer</u>   | (18) BIRTHPLACE<br><u>Abbeville Co</u>                      | (19) OCCUPATION<br><u>Housewife</u>                          |
| (20) Number of children born to<br>mother, including present birth <u>3</u> | (21) Number of children of this mother<br>now living, including present birth <u>3</u> |   |  |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at ..... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Nancy L. Cowan(24) State whether Physician or Midwife (25) Address of Physician or MidwifeGiven name added from a supplemental  
and report(26) Witness J. E. Presley(Signature of Witness necessary only  
when question 22 is signed by mother)(27) Date Oct 8 23 (28) J. E. Presley

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report.  
If a child becomes even dead, 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.  
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.