

(1) PLACE OF BIRTH

County of AbbevilleTownship of Wedgefordor  
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.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

74113

Registration District No. 3505 Registered No. 129

(For use of Local Registrar)

(2) Full Name of Child .....

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>5/11/1916</u>
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Will Thomas(9) PRESENT POSTOFFICE OF FATHER Wedgeford(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Abbeville(13) OCCUPATION Hammer

(20) Number of children born to mother, including present birth { .....!..... }

## MOTHER.

(14) NAME BEFORE MARRIAGE Pinkney Harris(15) PRESENT POSTOFFICE OF MOTHER Wedgeford(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Abbeville(19) OCCUPATION Housekeeper

(21) Number of children of this mother now living, including present birth { .....!..... }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 9:40 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) N. A. Drueckland, M.D.(24) State (The State Physician or Midwife) (25) Address of Physician or Midwife Wedgeford, S.C.

Given name added from a supplemental report

..... 191.....

..... Registrar

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

(27) Filed 5-10-1916 (28) S. C. Helder 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.  
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.  
McCoy, of Columbia.