

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.

| (1) PLACE OF BIRTH  |                                     | CERTIFICATE OF BIRTH   |  | File No.—For State Registrar Only   |  |
|---|-------------------------------------|--|--|-------------------------------------|--|
| County of <u>Abbeville</u>  |                                     | STATE OF SOUTH CAROLINA  |  | 86811                               |  |
| Township of <u>King's College</u>   |                                     | Bureau of Vital Statistics                                       |  | Registered No. <u>176</u>           |  |
| or<br>Inc. Town of .....  |                                     | State Board of Health  |  | (For use of Local Registrar)        |  |
| City of .....   |                                     | Registration District No. <u>3505</u>                            |  | Registered No. <u>176</u>           |  |
| (If birth occurs in a hospital or other institution, give name of same instead of street and number.)   |                                     | or   |  | (For use of Local Registrar)        |  |
| City of .....   |                                     | (No. .... St.; .... Ward)  |  | Registered No. <u>176</u>           |  |
| (2) Full Name of Child <u>Aline Eva Hurpin</u>  |                                     | 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                   |  |
| To be answered only in event of Twins or Triplets   |                                     |  | (Name of Month) (Day) (Year)   |                                     |  |
| FATHER.   |                                     |  | MOTHER.  |                                     |  |
| (8) FULL NAME <u>Van Hurpin</u>   |                                     |  | (14) NAME BEFORE MARRIAGE <u>May Lagaris</u>                                       |                                     |  |
| (9) PRESENT POSTOFFICE OF FATHER <u>Wartminster</u>   |                                     |  | (15) PRESENT POSTOFFICE OF MOTHER <u>Wartminster</u>                               |                                     |  |
| (10) COLOR OR RACE <u>white</u>   | (11) AGE AT LAST BIRTHDAY <u>35</u> | (16) COLOR OR RACE <u>white</u>                                  |  | (17) AGE AT LAST BIRTHDAY <u>35</u> |  |
| (12) BIRTHPLACE <u>Raton Co</u>   |                                     | (18) BIRTHPLACE <u>Abbeville</u>                                 |  |                                     |  |
| (13) OCCUPATION <u>Hummer</u>   |                                     |  | (19) OCCUPATION <u>House Keeper</u>  |                                     |  |
| 20) Number of children born to mother, including present birth <u>9</u>   |                                     |  | 21) Number of children of this mother now living, including present birth <u>8</u> |                                     |  |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*  |                                     |  |  |                                     |  |
| (22) I hereby certify that I attended the birth of this child, who was ... <u>alive</u> ... at ... <u>12</u> ... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  |                                     |  |  |                                     |  |
| (23) (Signature) <u>Sallie Hanes</u>  |                                     |  | (25) Address of Physician or Midwife <u>Wartminster, S.C.</u>                      |                                     |  |
| (24) State whether Physician or Midwife <u>midwife</u>  |                                     |  |  |                                     |  |
| Given name added from a supplemental report .....   |                                     |  | (26) Witness .....   |                                     |  |
| ..... 19 .....  |                                     |  | (Signature of Witness necessary only when question 23 is signed by mark)           |                                     |  |
| Registrar   |                                     |  | (27) Filed <u>1-15-1916</u> (28) <u>S. J. G. Helder</u> 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. |                                     |  |  |                                     |  |

RECEIVED AT COLUMBIA, S. C.