

MARGIN RESERVED FOR BINDING.  
WHILE 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.

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**71027**

(1) PLACE OF BIRTH.

County of Abbeville

Township of Ward

or  
Inc. Town of .....

or  
City of .....

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

Registration District No. 108

Registered No. 76  
(For use of Local Registrar)

St.; ..... Ward

(2) Full Name of Child

William James Hall

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Aug 3, 1915  
(Name of Month) (Day) (Year)

(8) FULL NAME

William James Hall

(9) PRESENT POSTOFFICE OF FATHER

San Antonio

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

22  
(Years)

(12) BIRTHPLACE

Anderson Co.

(13) OCCUPATION

Farmer

(14) NAME BEFORE MARRIAGE

Bess D. Hall

(15) PRESENT POSTOFFICE OF MOTHER

Andersonville S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

18  
(Years)

(18) BIRTHPLACE

Abbeville S.C.

(19) OCCUPATION

Farmer

(21) Number of children of this mother now living, including present birth

1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was ..... at 8:00 A.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(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

Aug 5-6

(28)

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.