

(1) PLACE OF BIRTH  
 County of Abbeville STATE OF SOUTH CAROLINA.  
 Township of Long Cane Bureau of Vital Statistics  
 or State Board of Health  
 Inc. Town of ..... Registration District No. 107 Registered No. 6  
 or (For use of Local Registrar)  
 City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only

45135

(2) Full Name of Child. .... { If child is not yet named, make supplemental report as directed

(3) ~~BOY OR~~ GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents no Married? (7) DATE OF BIRTH Jan, 18 6  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME  
 (9) PRESENT POSTOFFICE OF FATHER  
 (10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)  
 (12) BIRTHPLACE  
 (13) OCCUPATION  
 (20) Number of children born to mother, including present birth { .....

## MOTHER.

(14) NAME BEFORE MARRIAGE Estelle Valentine  
 (15) PRESENT POSTOFFICE OF MOTHER Donalds S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY (Years)  
 (18) BIRTHPLACE Abbeville Co.  
 (19) OCCUPATION Housekeeping  
 (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 born at ..... M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ann J. Cahin

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Donalds S.C.

Given name added from a supplemental report

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

(27) Filed Jan 29 1916 (28) S.E. Miller  
 Registrar 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. R.—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 8.  
 McCaw, of Columbia