

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH		Standard Certificate of Birth		16 093534	
County of <u>Charleston</u>		STATE OF SOUTH CAROLINA		FILE No.—For State Registrar Only	
Township of		Bureau of Vital Statistics		0135	
or		State Board of Health		Registered No. <u>90</u>	
Inc. Town of <u>St. George</u>		Registration District No. <u>1703</u>		(For use of Local Registrar)	
or		(No. St.; Ward)			
City of		(If birth occurs in a hospital or other institution, give name of same instead of street and number)		(If child is not yet named, make supplemental report as directed.)	
2. FULL NAME OF CHILD <u>Abelle Triffin</u>					
3. Boy or Girl <u>Girl</u>	4. Twin, triplet or other.....	5. Number, in order of birth <u>12</u>	6. Premature <u>Yes</u>	7. Are Parents Married <u>Yes</u>	8. Date of birth <u>September 28, 1916</u>
9. Full name <u>Allen Triffin</u>			18. Name before marriage <u>Allen Triffin</u>		
10. Residence (mailing address) <u>St. George S.C.</u>			19. Residence (mailing address) <u>St. George</u>		
11. Color of face <u>Caramel</u>			20. Color of face <u>Caramel</u>		
12. Age at last birthday <u>54</u> (Years)			21. Age at last birthday <u>45</u> (Years)		
13. Birthplace (city or place) <u>Orangeburg</u>			22. Birthplace (city or place) <u>Orangeburg</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Domestic</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
16. Date (month and year) last engaged in this work			25. Date (month and year) last engaged in this work		
17. Total time (years) spent in this work			26. Total time (years) spent in this work		
27. Number of children of this mother (At time of birth and including this child) <u>8</u> (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....					
28. If stillborn, period of gestation..... months weeks 29. Cause of stillbirth.....					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>born alive</u> on the date above stated.					
I certify that I instilled or had instilled in the eyes of this child at.....M. on above date..... (Name of Prophylactic)					
Cleft Palate..... Hare Lip..... Other Deformities..... (Specify)					
(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)					
Given name added from a supplementary report..... (Date of)					
(Signed) <u>Madeline D. H. H. H.</u> M.D.					
Address <u>St. George S.C.</u>					
Filed <u>July 15, 1939</u> Registrar.					