

(1) PLACE OF BIRTH

County of AbbevilleTownship of Magnolia

Inc. Town of

City of

(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

50896

Registration District No. 107 Registered No. 29
(For use of Local Registrar)City of Abbeville (No. 107 St. Wood)(2) Full Name of Child Ethel Lee Chinkseales If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u> <small>to be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 24</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME James Chinkseales(9) PRESENT POSTOFFICE OF FATHER Abbeville Route 1(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 33
(Years)(12) BIRTHPLACE Abbeville Cd(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Lula Fuller(15) PRESENT POSTOFFICE OF MOTHER Abbeville Route 1(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 8
(Years)(18) BIRTHPLACE Abbeville Cd(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 o'clock P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Amie Archer

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

midwife Abbeville Route 1

Given name added from a supplemental report

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(26) Witness Ethel L. L. L.
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Mar 9 1916 (28) Al. J. L. L.
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.

WHITE 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.

McCaw, of Columbia.