

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
M. 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 5.  
McCaw, of Columbia.

Form No. 1.

(1) PLACE OF BIRTH

County of Abbeville

Township of Long Pine

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.)

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

45132

Registration District No. 107 Registered No. 9

(For use of Local Registrar)

(2) Full Name of Child... Rebecca Devlin

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

(3) BOY OR GIRL? Girl (4) TWIN or TRIPLET? No (5) Number in order of birth 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 27, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME W. L. Devlin

(9) PRESENT POSTOFFICE OF FATHER Abbeville

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE Abbeville

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Lula Black

(15) PRESENT POSTOFFICE OF MOTHER Abbeville

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE Abbeville

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born, at Abbeville, S. C., on the date above stated. (Born: live or stillborn) (Hour A. M. or P. M.) 7 P.

(23) (Signature) Betty R. Sanders (24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Abbeville

Given name added from a supplemental report

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Registrar

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

(27) Filed Feb. 3, 1916 (28) E. R. Miller 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.