

WRITE 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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Abbeville</u>		STATE OF SOUTH CAROLINA		17278	
Township of		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>10.4</u>		Registered No. <u>17278</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child		If child is not yet named, make supplemental report as directed			
(3) BIRTH GIRL?	(4) TWINS or TRIPLETS?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH	
<u>Yes</u>	<u>1</u>	<u>1</u>	<u>Yes</u>	<u>6/29</u> 19 <u>22</u>	
To be answered only in event of Twins or Triplets		(Name / Month / Day / Year)			
FATHER.			MOTHER.		
(8) FULL NAME	<u>J. G. Fleming</u>		(14) NAME BEFORE MARRIAGE	<u>Maud Davis</u>	
(9) PRESENT POSTOFFICE OF FATHER	<u>Due West S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER	<u>Due West S.C.</u>	
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	<u>White</u> <u>33</u>	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY	<u>White</u> <u>29</u>
(12) BIRTHPLACE	<u>Abbeville</u>		(18) BIRTHPLACE	<u>Texas</u>	
(13) OCCUPATION	<u>Farming</u>		(19) OCCUPATION	<u>House wife</u>	
(20) Number of children born to mother, including present birth	<u>3</u>		(21) Number of children of this mother now living, including present birth	<u>3</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive or stillborn</u> on the date above stated. (Hour A. M. or P. M.)					
(23) (Signature) <u>J. O. Rice</u>			(25) Address of Physician or Midwife <u>Due West S.C.</u>		
(24) State whether Physician or Midwife					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
19			(27) Filed <u>July 10</u> 19 <u>22</u> (28) <u>J. H. Brooks</u> 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 a stillborn. No report is desired of stillbirths before the fifth month of pregnancy.					

McRAW OF COLUMBIA, COLUMBIA, S. C.