

Form No. 1.

(1) PLACE OF BIRTH  
County of Greene  
Township of Waghams  
or  
Inc. Town of Waghams  
or  
City of Waghams (No. .... St.; .... Ward)  
(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  
**49992**

Registration District No. 350 Registered No. 5  
(For use of Local Registrar)

(2) Full Name of Child John William Abbott } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 21 1916  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Lucian James Abbott  
(9) PRESENT POSTOFFICE OF FATHER Waghams  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 1/2 (Years)  
(12) BIRTHPLACE near Waghams Greene Co. S.C.  
(13) OCCUPATION Photographer  
(14) Number of children born to mother, including present birth Two

MOTHER.  
(14) NAME BEFORE MARRIAGE Florence E. Rastin  
(15) PRESENT POSTOFFICE OF MOTHER Waghams S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)  
(18) BIRTHPLACE Jamessville Greene Co. S.C.  
(19) OCCUPATION House wife  
(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
(22) I hereby certify that I attended the birth of this child, who was born alive at Waghams (Hour A. M. or P. M.)  
on the date above stated.  
(23) (Signature) J. M. Bell, M.D.  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Waghams S.C.

Given name added from a supplemental report  
..... 191.....  
.....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Feb 9 1916 (28) R. A. McLees 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.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
M. D.—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.