

PAGE NO. 1  
 W. WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 M. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
 McCay McCay of Columbia FIRST-BORN N. No. 1. THE OTHER, No. 2, etc. In question 5.

PLACE OF BIRTH

County of Lexington  
 Township of Catawba  
 or  
 Inc. Town of Brookeland  
 or  
 City of \_\_\_\_\_ (No. \_\_\_\_\_)

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**49799**

Registration District No. 3115 Registered No. 177  
 (For use of Local Registrar)  
 St.; \_\_\_\_\_ Ward \_\_\_\_\_  
 If birth occurs in a hospital or other institution, give name of same instead of street and number.

Full Name of Child Anna Ruth Abbott If child is not yet named, make supplemental report as directed

BOY OR GIRL? Girl (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 18, 1916  
 to be entered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) NAME Willie S. Abbott  
 (9) PRESENT POSTOFFICE OF FATHER New Brookeland  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)  
 (12) BIRTHPLACE Kershaw Co.  
 (13) OCCUPATION Heaver in Cotton Mill  
 (14) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Ruth Price  
 (15) PRESENT POSTOFFICE OF MOTHER New Brookeland  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)  
 (18) BIRTHPLACE Lexington Co.  
 (19) OCCUPATION Housework  
 (21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at \_\_\_\_\_ (Hour A. M. or P. M.)  
 on the date above stated.

(23) (Signature) D. D. Durham M.D.  
 (24) State whether Physician or Midwife \_\_\_\_\_ (25) Address of Physician or Midwife \_\_\_\_\_

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 \_\_\_\_\_ 191\_\_\_\_ (28) \_\_\_\_\_ 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.  
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