

ALL OF THESE PRINTS ARE 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
County of Abbeville
Township of Magalia
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
62828

Registration District No. 109 Registered No. 67
(For use of Local Registrar)

(2) Full Name of Child Clina Savage { 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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 21 1916
(Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME J. Grant Savage (14) NAME BEFORE MARRIAGE Lela Phipps
(9) PRESENT POSTOFFICE OF FATHER Laurensville S.C. (15) PRESENT POSTOFFICE OF MOTHER Laurensville S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 46 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 33
(Years) (Years)
(12) BIRTHPLACE Haherham Co. Ga (18) BIRTHPLACE Abbeville Co S.C.
(13) OCCUPATION Farmer (19) OCCUPATION House wife
(20) Number of children born to mother, including present birth 5 (21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born at Laurens on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 10 P.M.

(23) (Signature) J. H. Tate (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Physicians Crehant Falls 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 June 22 1916 (28) J. H. Vance 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. If a child is born dead, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.