

(1) PLACE OF BIRTH

County of AbbevilleTownship of Cong. Caneor
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) No. St.; Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only
62800Registration District No. 107Registered No. 45

(For use of Local Registrar)

(2) Full Name of Child William Andrew Terry

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

(3) BOY OR
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth

To be answered only in event of Twins or Triplets

(6) Are
Parents
Married?(7) DATE OF
BIRTHJune 211916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEJessie Terry(9) PRESENT
POSTOFFICE
OF FATHERDonalds B #2(10) COLOR
OR
RACEColored

(11) AGE AT LAST

BIRTHDAY

29

(Years)

(12) BIRTHPLACE

Abbeville Co S.C.

(13) OCCUPATION

Farming(20) Number of children born to
mother, including present birth3

MOTHER.

(14) NAME BEFORE
MARRIAGELear Eakins(15) PRESENT
POSTOFFICE
OF MOTHERDonalds B #2(16) COLOR
OR
RACEColored

(17) AGE AT LAST

BIRTHDAY

25

(Years)

(18) BIRTHPLACE

Abbeville Co S.C.

(19) OCCUPATION

house wife(21) Number of children of this mother
now living, including present birth3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Ware

(24) State whether Physician or Midwife

mid-wife(25) Address of Physician or Midwife
Hodges P.O. #1Given name added from a supplement-
tal report

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Registrar

(26) Witness

S. J. Eakins(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed June 29, 1916(28) E. K. 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.

McCaw, of Columbia. IF DETAILS ARE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.