

ALWAYS FURNISH A SEPARATE 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.
 M. J. McCaw, of Columbia.

(1) PLACE OF BIRTH		COUNTY OF <u>Abbeville</u>		TOWNSHIP OF <u>Long Leane</u>		INC. TOWN OF _____		CITY OF _____		(No. _____)		REGISTRATION DISTRICT NO. <u>107</u>		REGISTERED NO. <u>21</u>	
CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health										File No.—For State Registrar Only 50882					
(2) Full Name of Child <u>Ruth Rebecca Sharpe</u>										(If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL? <u>Girl</u>		(4) Twin or Triplet? _____		(5) Number in order of birth _____		(6) Are Parents Married? <u>Yes</u>		(7) DATE OF BIRTH <u>March 24</u> 191 <u>6</u>		(For use of Local Registrar)					
FATHER.										MOTHER.					
(8) FULL NAME <u>Jas. Wm Sharpe</u>										(14) NAME BEFORE MARRIAGE <u>Flourne Davis</u>					
(9) PRESENT POSTOFFICE OF FATHER <u>Abbeville S.C. R. 7 D</u>										(15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville S.C. R. 7 D</u>					
(10) COLOR OR RACE <u>White</u>										(16) COLOR OR RACE <u>White</u>					
(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)										(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)					
(12) BIRTHPLACE <u>Abbeville S.C.</u>										(18) BIRTHPLACE <u>Anderson A.C.</u>					
(13) OCCUPATION <u>Farmer</u>										(19) OCCUPATION <u>Housewife</u>					
(20) Number of children born to mother, including present birth <u>3</u>										(21) Number of children of the 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</u> at <u>5:45</u> P. M., on the date above stated. (Hour A. M. or P. M.)															
(23) (Signature) <u>M. J. McCaw</u>															
(24) State whether Physician or Midwife <u>Physician</u> (25) Address of Physician or Midwife <u>Abbeville S.C.</u>															
Given name added from a supplemental report _____										(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)					
_____, 191____ Registrar										(27) Filed <u>Mar. 27</u> 191 <u>6</u> (28) <u>E. K. Miller</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 as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.															
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