

Form No. 1

(1) PLACE OF BIRTH

County of AbbevilleTownship of Lanndersvilleor
Inc. Town of

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

71033

Registration District No. 108 Registered No. 83
(For use of Local Registrar)(2) Full Name of Child Lallie Wideman { If child is not yet named, make supplemental report as directed(3) SEX OR
GIRL?(4) Twin
or Triplet?

To be answered only in event of twins or triplets

(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF BIRTH July 20 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George W. Wideman(9) PRESENT POSTOFFICE OF FATHER Lanndersville S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Lincoln County, Ga.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { 4 }

MOTHER.

(14) NAME BEFORE MARRIAGE Olivia Powell(15) PRESENT POSTOFFICE OF MOTHER Lanndersville S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth { 4 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 8-35 P.M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Thos. O. Hargrave M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Lanndersville, S.C.Given name added from a supplement-
ing report

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Registrar

(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed July 20 1916 (28) J. M. Wideman 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.