

Form No. 1

(1) PLACE OF BIRTH

County of AbbevilleTownship of Lanndersville

or

Inc. Town of

or

City of (No. St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(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?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH Aug 30 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 Allice Parrish(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. (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 supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Aug 31 1916 (28) J. M. Duesabace 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.