

WHITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT 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.

Claw of Columbia

<p>(1) PLACE OF BIRTH</p> <p>County of <u>Abbeville</u></p> <p>Township of <u>Knappa</u></p> <p>Inc. Town of _____</p> <p>City of _____</p> <p>(If birth occurs in a hospital or other institution, give name of same instead of street and number.)</p>				<p>CERTIFICATE OF BIRTH</p> <p>STATE OF SOUTH CAROLINA.</p> <p>Bureau of Vital Statistics</p> <p>State Board of Health</p>		<p>File No.—For State Registrar Only</p> <p>50898</p>
<p>Registration District No. <u>109</u></p>				<p>Registered No. <u>31</u></p> <p>(For use of Local Registrar)</p>		
<p>(2) Full Name of Child <u>Willie Tench</u></p>				<p>St.; _____ Ward</p> <p>If child is not yet named, make supplemental report as directed</p>		
<p>(3) BOY OR GIRL? <u>Boy</u></p>	<p>(4) Twin or Triplet?</p> <p>To be answered only in event of Twins or Triplets</p>	<p>(5) Number in order of birth</p>	<p>(6) Are Parents Married? <u>yes</u></p>	<p>(7) DATE OF BIRTH <u>March 17</u> 19<u>16</u></p> <p>(Name of Month) (Day) (Year)</p>		
<p>FATHER.</p>			<p>MOTHER.</p>			
<p>(8) FULL NAME <u>David Tench</u></p>			<p>(14) NAME BEFORE MARRIAGE <u>Hattie Sanders</u></p>			
<p>(9) PRESENT POSTOFFICE OF FATHER <u>Leathem Falls, S.C.</u></p>			<p>(15) PRESENT POSTOFFICE OF MOTHER <u>Leathem Falls, S.C.</u></p>			
<p>(10) COLOR OR RACE <u>Negro</u></p>			<p>(16) COLOR OR RACE <u>Negro</u></p>			
<p>(11) AGE AT LAST BIRTHDAY <u>20</u> (Years)</p>			<p>(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)</p>			
<p>(12) BIRTHPLACE <u>Abbeville Co., S.C.</u></p>			<p>(18) BIRTHPLACE <u>Abbeville Co., S.C.</u></p>			
<p>(13) OCCUPATION <u>Farmer</u></p>			<p>(19) OCCUPATION <u>Housewife</u></p>			
<p>(20) Number of children born to mother, including present birth <u>1</u></p>			<p>(21) Number of children of this mother now living, including present birth <u>1</u></p>			
<p>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</p>						
<p>(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at _____ (Hour A. M. or P. M.) <u>7 A.M.</u> on the date above stated.</p>						
<p>(23) (Signature) <u>Anna Sanders</u></p>						
<p>(24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Leathem Falls, S.C.</u></p>						
<p>Given name added from a supplemental report</p> <p>..... 191</p> <p>Registrar</p>			<p>(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)</p> <p>(27) Filed <u>March 16</u> 191<u>6</u> (28) <u>H. L. Vance</u> Local Registrar</p>			

*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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