

FORM NO. 1.

(1) PLACE OF BIRTH

County of Abbeville
 Township of Long Cane
 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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

45136

Registration District No. 107 Registered No. 8
 (For use of Local Registrar)
 (2) Full Name of Child James London Gilbert If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 27 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charlie Gilbert
 (9) PRESENT POSTOFFICE OF FATHER Hodges P.O. #1
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 22 (Years)
 (12) BIRTHPLACE Abbeville Co. S.C.
 (13) OCCUPATION Farming

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Thomas
 (15) PRESENT POSTOFFICE OF MOTHER Hodges P.O. #1
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 19 (Years)
 (18) BIRTHPLACE Abbeville Co. S.C.
 (19) OCCUPATION housewife

(20) Number of children born to mother, including present birth { 2

(21) Number of children of this mother now living, including present birth { 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:20 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

Midwife

(25) Address of Physician or Midwife

Hodges P.O. #1

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness

G. J. Eakin

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

(27) Filed

Feb 1 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.

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.

McCaw, of Columbia.