

MARGIN RESERVED FOR BINDING.  
 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.  
 Form 5-5  
 MACAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Abbeville  
 Township of Abbeville  
 OR  
 Inc. Town of \_\_\_\_\_  
 OR  
 City of Abbeville

CERTIFICATE OF BIRTH  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**6162**

Registration District No. 1.a. Registered No. 17  
 (For use of Local Registrar)

(2) Full Name of Child Alfred Agnew Vance If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? \_\_\_\_\_ To be answered only in event of Twins or Triplets  
 (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 1, 1922  
 (Names of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Samuel Eugene Vance  
 (9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37  
 (Year)  
 (12) BIRTHPLACE Abbeville S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 5

MOTHER.  
 (14) NAME BEFORE MARRIAGE Lebara Lehyde Lockman  
 (15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38  
 (Year)  
 (18) BIRTHPLACE Abbeville 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 born alive at 6:45 P.M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Abbeville 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 Feb. 9, 1922 (28) [Signature] 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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