

Form No. 1

(1) PLACE OF BIRTH

County of AbbevilleTownship of Lawnsville

or

Inc. Town of

or

City of

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

2. Full Name of Child Ollie Wideman { If child is not yet named, make supplemental report as directed

3. BOY OR GIRL?	4. Twin or Triplet? <u>yo</u>	5. Number in order of birth <u>1st</u>	6. Are Parents Married? <u>yo</u>	7. DATE OF BIRTH <u>Aug 30</u> 191 <u>6</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
8. FULL NAME <u>George W. Wideman</u>	14. NAME BEFORE MARRIAGE <u>Ollie Mae Parnell</u>	15. PRESENT POSTOFFICE OF FATHER <u>Lawnsville S.C.</u>	15. PRESENT POSTOFFICE OF MOTHER <u>Lawnsville S.C.</u>
9. COLOR OR RACE <u>White</u>	16. AGE AT LAST BIRTHDAY <u>25</u> (Years)	16. COLOR OR RACE <u>white</u>	17. AGE AT LAST BIRTHDAY <u>27</u> (Years)
10. BIRTHPLACE <u>Lincoln County Ga</u>	18. OCCUPATION <u>House wife</u>	18. BIRTHPLACE <u>South Carolina</u>	19. OCCUPATION <u>House wife</u>
11. OCCUPATION <u>House</u>	20. Number of children born to mother, including present birth <u>Three</u>	20. Number of children of this mother now living, including present birth <u>Three</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 8:30 P. M., (born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Thos. O. King(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lawnsville S.C.

Given name added from a supplemental report

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

Registrar

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

(27) Filed Aug 31 1916 (28) W. H. K. K. K. 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.