

MARGIN RESERVED FOR BINDING.

WRITE 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.

Revised by Columbia, Columbia, S. C.

(1) PLACE OF BIRTH
CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

County of Abbeville Co.
 Township of Quincy Twp.
 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 Harley William Jr. If child is not yet named, make supplemental report as directed

File No.—For State Registrar Only
36876

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar. 29, 1919
 (Name of Month) (Day) (Year)

FATHER
 (3) FULL NAME Harley William
 (9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 22 (Year)
 (12) BIRTHPLACE Abbeville Co.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 3

MOTHER
 (14) NAME BEFORE MARRIAGE Lutheria William
 (15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20 (Year)
 (18) BIRTHPLACE Abbeville Co.
 (19) OCCUPATION Laundry
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was born alive at 4 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emma R. Pickens
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Abbeville

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 12/5 19 22 (28) J. H. Patterson Local Registrar

*When there was no attending physician or midwife, then the father, householders, 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.