

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

71024

(1) PLACE OF BIRTH

County of Abbeville

Township of Long Cane

or  
Inc. Town of

City of

Registration District No. 107

Registered No. 63  
(For use of Local Registrar)

St.; Ward

(No. of birth in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Robert Lee Derlin } If child is not yet named, make supplemental report as directed

(3) BOY OR

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH Aug. 30, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Samuel Derlin

(9) PRESENT POSTOFFICE OF FATHER

Abbeville

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

30  
(Years)

(12) BIRTHPLACE

Abbeville Co.

(13) OCCUPATION

Farming

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

Three

## MOTHER.

(14) NAME BEFORE MARRIAGE

Marion Wardlaw

(15) PRESENT POSTOFFICE OF MOTHER

Abbeville

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

20  
(Years)

(18) BIRTHPLACE

Abbeville Co.

(19) OCCUPATION

Farming

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

Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

James Watson, Abbeville

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Given name added from a supplemental report

(26) Witness

James L. Stevenson

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

(27) Filed Sept 9, 1916

(28) E. H. 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.

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MARGIN RESERVED FOR BINDING.  
WHITE PLAIN, 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.