

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

or
City of

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

Registration District No. 107 Registered No. 63
(For use of Local Registrar)

(2) Full Name of Child Robert Lee Derlin

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL (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 Woodlaw

(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.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Jane Watson, Abbeville

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife

Given name added from a supplemental report
..... 191.....
.....
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Registrar

(26) Witness Jane L. Stinson
(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.

McGraw-Hill
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
FIRST-HORN, No. 1, THIS ORIENT, No. 2, etc., in question 5.

MARGIN RESERVED FOR BINDING.