

Form No. 1.

(1) PLACE OF BIRTH

County of AbbevilleTownship of Donaldsor
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only
62789Registration District No. 100 Registered No. 107
(For use of Local Registrar)

(2) Full Name of Child.

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 3
To be answered only in case of Twins or Triplets(6) Are
Parents
Married? Yes(7) DATE OF
BIRTH June 19, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Columbus Joseph(9) PRESENT
POSTOFFICE
OF FATHER Donalds(10) COLOR OR
RACE Negro (11) AGE AT LAST
BIRTHDAY 28
(Years)(12) BIRTHPLACE Abbeville co(13) OCCUPATION Farmer Tenant(20) Number of children born to
mother, including present birth 3

MOTHER.

(14) NAME BEFORE
MARRIAGE Josephine Garrett(15) PRESENT
POSTOFFICE
OF MOTHER Donalds(16) COLOR OR
RACE Negro (17) AGE AT LAST
BIRTHDAY 23
(Years)(18) BIRTHPLACE Abbeville co(19) OCCUPATION House wife(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 alive at 7 8 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Cornelia Sanders(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife DonaldsGiven name added from a supplement-
tal report(26) Witness D. M. N.
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed June 22, 1916 (28) H. D. Matthews
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.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.
McCaw, of Columbia.