

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 2.

Form No. 1.

(1) PLACE OF BIRTH

County of *Abbeville*

Township of *Donalds*

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 *Helen Washington*

(3) ~~BOY~~ OR
GIRL? *S*

(4) Twin
or Triplet? *Yes*

(5) Number in
order of birth *3*

(6) Are
Parents
Married? *Yes*

(7) DATE OF BIRTH *March 18 1916*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME *Eugene Washington*

(9) PRESENT
POSTOFFICE
OF FATHER *Brilton*

(10) COLOR
OR
RACE *Negro*

(11) AGE AT LAST
BIRTHDAY *24*
(Years)

(12) BIRTHPLACE *Abbeville Co*

(13) OCCUPATION *Cotton Mill Foreman*

(20) Number of children born to
mother, including present birth *3*

MOTHER.

(14) NAME BEFORE
MARRIAGE *Wannie Patton*

(15) PRESENT
POSTOFFICE
OF MOTHER *Donalds*

(16) COLOR
OR
RACE *Negro*

(17) AGE AT LAST
BIRTHDAY *26*
(Years)

(18) BIRTHPLACE *Abbeville Co*

(19) OCCUPATION *House wife*

(21) Number of children of this mother
now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Alive*, at *11:20 P.M.*
(Born alive or stillborn) (Hour, A. M. or P. M.)
on the date above stated.

(23) (Signature) *Cornelia Sander*

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

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

(27) Filed *March 20 1916* (28) *A. M. Humphreys*
Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If
the child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the
fifth month of pregnancy.