

Form No. 1

(1) PLACE OF BIRTH

County of Charleston
 Township of Wash. Hill
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

17038

Registration District No. 913 Registered No. 17
 (For use of Local Registrar)

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

(2) Full Name of Child Evelina Abdon

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

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Jan 15 1927
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Juan Abdon

MOTHER.
 (9) NAME BEFORE MARRIAGE Janie Gibbs

(10) PRESENT RESIDENCE OF FATHER Marlin Point

(11) PRESENT RESIDENCE OF MOTHER Marlin Point

(12) COLOR OR RACE Black (13) AGE AT LAST BIRTHDAY 23
 (Year)

(14) COLOR OR RACE Black (15) AGE AT LAST BIRTHDAY 22
 (Year)

(16) BIRTHPLACE Wash. Hill

(17) BIRTHPLACE Maggitt St.

(18) OCCUPATION Labour

(19) OCCUPATION Labour

(20) Number of children born to mother, including present birth 8

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Sue Mack

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Marlin Point

Given name added from a supplemental report

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

(27) Filed July 10 1927 (28) W. H. Wilson 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.

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 1.
 Bureau of Statistics, Columbia, S. C.