

Form No. 1

(1) PLACE OF BIRTH

County of Charleston  
Township of Stacy  
or  
Inc. Town of Stacy  
or  
City of Stacy

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 Abalon

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 June 15, 1927  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME James Abalon  
(9) PRESENT RESIDENCE OF FATHER Marlin Point  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 23  
(12) BIRTHPLACE Stacy, S.C.  
(13) OCCUPATION Labourer

MOTHER.  
(14) NAME BEFORE MARRIAGE Janie Gibbs  
(15) PRESENT RESIDENCE OF MOTHER Marlin Point  
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22  
(18) BIRTHPLACE Maggitt S.C.  
(19) OCCUPATION Labourer

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

(23) (Signature) See back (24) State whether Physician or Midwife Physician (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 2.

Revised by Columbia, Columbia, S. C.