

WRITE IN INK, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

WRU 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 8.

(1) PLACE OF BIRTH		COUNTY OF <u>Abbeville</u>		STATE OF SOUTH CAROLINA.		BUREAU OF VITAL STATISTICS		STATE BOARD OF HEALTH	
Township of <u>Bedford Spring</u>		Inc. Town of		Registration District No. <u>103</u>		Registered No. <u>2</u>		(For use of Local Registrar)	
City of		(No. of birth occurs in a hospital or other institution, give name of same instead of street and number.)		St.;		Ward			
(2) Full Name of Child <u>Louise Right</u>									
(3) BOY OR GIRL?		(4) Twin or Triplet?		(5) Number in order of birth <u>2nd</u>		(6) Are Parents Married? <u>no</u>		(7) DATE OF BIRTH <u>March 19 1914</u>	
				To be answered only in case of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.					MOTHER.				
(8) FULL NAME					(14) NAME BEFORE MARRIAGE <u>not married</u>				
(9) PRESENT POSTOFFICE OF FATHER					(15) PRESENT POSTOFFICE OF MOTHER <u>Troy St 70th</u>				
(10) COLOR OR RACE					(16) COLOR OR RACE <u>negro</u>				
(11) AGE AT LAST BIRTHDAY (Years)					(17) AGE AT LAST BIRTHDAY (Years) <u>18</u>				
(12) BIRTHPLACE					(18) BIRTHPLACE <u>Abbeville S.C.</u>				
(13) OCCUPATION					(19) OCCUPATION <u>Furnace Hand</u>				
(20) Number of children born to mother, including present birth <u>Two</u>					(21) Number of children of this mother now living, including present birth <u>Two</u>				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*									
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>8</u> A.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)									
(23) (Signature) <u>Mandy McArthur</u>									
(24) State whether Physician or Midwife <u>Midwife</u>									
Given name added from a supplemental report									
(26) Witness <u>W. A. Hunter</u>									
(Signature of Witness necessary only when question 23 is signed by mark)									
(27) Filed <u>March 1914</u> (28) <u>S. M. Wardlaw</u>									
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.

Registrar I

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