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 5.

(1) PLACE OF BIRTH

County of Abbeville

Township of Donald, R2

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(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
12542

Registration District No. 105 Registered No. 32
(For use of Local Registrar)

(2) Full Name of Child Ashley Ewing

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 8

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH May 8 1923
(Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Will Ewing	(14) NAME BEFORE MARRIAGE Anna Wade
(9) PRESENT POSTOFFICE OF FATHER Donald R+D 8	(15) PRESENT POSTOFFICE OF MOTHER Donald R+D 8
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 48 (Years)	(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 38 (Years)
(12) BIRTHPLACE Greenville	(18) BIRTHPLACE Abbeville
(13) OCCUPATION Farming	(19) OCCUPATION Farming
(20) Number of children born to mother, including present birth 8th	(21) Number of children of this mother now living, including present birth 6th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) [illegible]

(24) State whether Physician or Midwife Ph. (25) Address of Physician or Midwife Donald SC

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed June 2 1923 (28) [illegible]
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 | 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.

Secretary of Columbia, S. C.