

Form No. 1

(1) PLACE OF BIRTH

County of Abbeville  
 Township of Abbeville  
 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  
**19601**

Registration District No. 145 Registered No. 42  
 (For use of Local Registrar)

**FATHER**  
 (9) FULL NAME Rofat Paul Chinkwale  
 (10) PRESENT POSTOFFICE OF FATHER Shore Peth Rd  
 (11) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20  
 (12) BIRTHPLACE Abbeville  
 (13) OCCUPATION Farming

**MOTHER**  
 (14) NAME BEFORE MARRIAGE Loula Elizabeth McLean  
 (15) PRESENT POSTOFFICE OF MOTHER Shore Peth Rd  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26  
 (18) BIRTHPLACE Abbeville  
 (19) OCCUPATION Farming

(20) I hereby certify that I attended the birth of this child on the date above stated.

(22) (Signature) Dr. Carlos M. D.

(24) State whether Physician or Midwife

(Born alive or stillborn) (Hour A. M. or P. M.)

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Aug 10 1923 (28) Smile Henderson  
 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.

Use one of TWINS only. Use a SEPARATE BLANK FOR FIRST-BORN, and make use of OTHER, No. 2, etc., in question 1.

Form of Columbia, Columbia, S. C.