

Form No. 1

## (1) PLACE OF BIRTH

County of Abbeville  
 Township of Donella  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

6202

Registration District No. 105Registered No. 13  
(For use of Local Registrar)

City of ..... (No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Bessie Luine Ashley If child is not yet named, make supplemental report as directed

(3) ~~BOY OR GIRL?~~ (4) ~~Twins or Triplets?~~ (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH 3-26th 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Louana Orr. Ashley  
 (9) PRESENT POSTOFFICE OF FATHER Donalds RD #3  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38  
 (12) BIRTHPLACE Anderson SC  
 (13) OCCUPATION Farming

## MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Bell Ashley  
 (15) PRESENT POSTOFFICE OF MOTHER Donalds SC  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27  
 (18) BIRTHPLACE Abbeville  
 (19) OCCUPATION Farming

(20) Number of children born to mother, including present birth 1  
 (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 ..... at 10 A.M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. C. C. Allen MD

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MD Donalds, S.C.

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed April 10 1922 (28) Lucile H. Humphreys  
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 5.

McGraw-Hill, Columbia, S. C.