

MARGIN RESERVED FOR BINDING.

WHITE 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.

McCaw, of Columbia.

(1) PLACE OF BIRTH **Abbeville** **CERTIFICATE OF BIRTH**  
 County of **Abbeville** **STATE OF SOUTH CAROLINA.**  
 Township of **Smithville** **Bureau of Vital Statistics**  
**State Board of Health**

File No.—For State Registrar Only  
**45154**

Inc. Town of ..... Registration District No. **110** Registered No. **21**  
 (For use of Local Registrar)  
 City of ..... (No. .... SL; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child **not named** } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <b>boy</b>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <b>yes</b>	(7) DATE OF BIRTH <b>Jan 10, 1916</b> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <b>Jessie Muller</b>			(14) NAME BEFORE MARRIAGE <b>Mary Evans</b>	
(9) PRESENT POSTOFFICE OF FATHER <b>Abbeville S.C.</b>			(15) PRESENT POSTOFFICE OF MOTHER <b>Abbeville S.C.</b>	
(10) COLOR OR RACE <b>negro</b>	(11) AGE AT LAST BIRTHDAY <b>22</b> (Years)	(16) COLOR OR RACE <b>negro</b>	(17) AGE AT LAST BIRTHDAY <b>20</b> (Years)	
(12) BIRTHPLACE <b>Abbeville S.C.</b>			(18) BIRTHPLACE <b>Abbeville Co S.C.</b>	
(13) OCCUPATION <b>Farmer</b>			(19) OCCUPATION <b>House wife</b>	
(20) Number of children born to mother, including present birth <b>3</b>			(21) Number of children of this mother now living, including present birth <b>1</b>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) **Celestine Profit**

(24) State whether Physician or Midwife **Midwife** (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 **Jan 13, 1916** (28) **R. B. Jones**  
 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.