

THIS IS A PERMANENT RECORD.
 WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.
 Ca. McCaw, of Columbia, S.C.

(1) PLACE OF BIRTH
 County of Abbeville
 Township of Franklin
 or
 Inc. Town of
 or
 City of Abbeville (No.) Registration District No. 107 Registered No. 18
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.; Ward)

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

File No.—For State Registrar Only
54258

(3) BOY OR GIRL?	(4) Twin or Triplet? <input checked="" type="checkbox"/> <small>In be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <input checked="" type="checkbox"/>	(7) DATE OF BIRTH <u>March, 27, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Alford Drayton Vance</u>			(14) NAME BEFORE MARRIAGE <u>Lena O. Horn</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Lawndesville, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lawndesville S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Abbeville County S.C.</u>			(18) BIRTHPLACE <u>Abbeville County S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>One</u>			(21) Number of children of this mother now living, including present birth <u>One</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was born alive at 12 1 1916,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Thos. O. McSwain, M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Lawndesville S.C.

Given name added from a supplemental report
 191.....
 Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 5/12/16 (28) Ed. K. ... 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.
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