

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, 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 5.

Office of Registrar, Columbia, S. C.

| (1) PLACE OF BIRTH | | CERTIFICATE OF BIRTH | | File No.—For State Registrar Only | |
|--|---|---|---|--|--|
| County of <i>Abbeville, S. C.</i> | | STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health | | 13345 | |
| Township of <i>Drummond, H. C.</i> | | Registration District No. <i>104</i> | | Registered No. <i>35</i> (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 _____ | | (If child is not yet named, make supplemental report as directed) | | | |
| (3) BOY OR GIRL <i>Girl</i> | (4) Twin or Triplet? <i>No</i> To be answered only in event of Twins or Triplets | (5) Number in order of birth _____ | (6) Are Parents Married? <i>Yes</i> | (7) DATE OF BIRTH <i>2/11/1932</i> (Name of Month) (Day) (Year) | |
| FATHER. | | | MOTHER. | | |
| (8) FULL NAME <i>R. O. Watt</i> | | | (14) NAME BEFORE MARRIAGE <i>Carrie Stokes</i> | | |
| (9) PRESENT POSTOFFICE OF FATHER <i>Antwille, S. C.</i> | | | (15) PRESENT POSTOFFICE OF MOTHER <i>Antwille, S. C.</i> | | |
| (10) COLOR OR RACE <i>Colored</i> | | | (11) AGE AT LAST BIRTHDAY <i>33</i> (Year) | | |
| (12) BIRTHPLACE <i>Abbeville, S. C.</i> | | | (16) COLOR OR RACE <i>Colored</i> | | |
| (13) OCCUPATION <i>Farming</i> | | | (17) AGE AT LAST BIRTHDAY <i>34</i> (Year) | | |
| (18) BIRTHPLACE <i>Abbeville, S. C.</i> | | | (19) OCCUPATION <i>Laber</i> | | |
| (20) Number of children born to mother, including present birth <i>10/1</i> | | | (21) Number of children of this mother now living, including present birth <i>1</i> | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE | | | | | |
| (22) I hereby certify that I attended the birth of this child, who was <i>Born alive</i> at <i>1 P. M.</i> on the date above stated. (Born alive or stillborn) (Hour) (P. M. or P. M.) | | | | | |
| (23) (Signature) <i>James Stokes</i> | | | | | |
| (24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife <i>Antwille, S. C.</i> | | | | | |
| Given name added from a supplemental report _____ | | | (26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark) | | |
| _____ 19 _____ Registrar | | | (27) Filed <i>6/6</i> 19 <i>32</i> (28) <i>J. M. Patterson</i> 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. | | | | | |