

Form No. 1.

## (1) PLACE OF BIRTH

County of BerkshireTownship of S. Stephens

In Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 205

File No. — For State Registrar Only

10143

Registered No. 37  
(For use of Local Registrar)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 Abigail Renshaw

If child is not yet named, make supplemental report as directed

3. BOY OR GIRL Girl

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married? yes(7) DATE OF BIRTH April 8, 1922  
(Name of Month) (Day) (Year)

## FATHER

8. FULL NAME F. B. Renshaw9. PRESENT POSTOFFICE OF FATHER Pineville10. COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 40  
(Year)12. BIRTHPLACE Pineville13. OCCUPATION Farmer

## MOTHER

(14) NAME BEFORE MARRIAGE Evelyn Gordin(15) PRESENT POSTOFFICE OF MOTHER Pineville(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 41  
(Year)(18) BIRTHPLACE Pineville(19) OCCUPATION Farmer-wife20. Number of children born to mother, including present birth 10(21) Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 A. M.  
on this date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dolice Waring

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Russellville

Given name added from a supplemental report.

(26) Witness F. B. Renshaw

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

(27) Filed April 19, 1922(28) 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.