

Form No. 1

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PLACE OF BIRTH
County of Saluda Co SC
Township of No. 5

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
79068

or
Loc. Town of Registration District No. 3904 Registered No. 31
(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.)

Full Name of Child Willie Abney { If child is not yet named, make supplemental report as directed

BOY OR GIRL? Boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 8 1916
(Name of Month) (Day) (Year)

FATHER.

FULL NAME Richard Abney
PRESENT POSTOFFICE OF FATHER Chappello SC
COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE

OCCUPATION

turning
Number of children born to mother, including present birth { 7

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Smith
(15) PRESENT POSTOFFICE OF MOTHER Chappello SC
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 34 (Years)
(18) BIRTHPLACE Saluda Co SC

OCCUPATION

Housewife
(21) Number of children of this mother now living, including present birth { 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Name added from a supplemental report

....., 191....

Registrar

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

(27) Filed 191.... (28) Parma Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.