

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 2.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Abbeville STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

Township of Long Cane

or  
 Inc. Town of ..... Registration District No. 107 Registered No. 3  
 or  
 City of ..... (No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No. — For State Registrar Only  
45134

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>X</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 21</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>H. Augustus Hannah</u>			(14) NAME BEFORE MARRIAGE <u>Hannah Rebecca Weather</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Abbeville S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>43</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>33</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Abbeville Co</u>			(18) BIRTHPLACE <u>Abbeville Co</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>6</u>	

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) E. R. Miller

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

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 Jan. 27 1916 (28) E. R. Miller  
 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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