CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
46983

(1) PLACE OF BIRTH

County of Pickens

Township of Liberty

or

Inc. Town of ..... Registration District No. 3504 Registered No. 3
(For use of Local Registrar)

or

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. Lewis Howard Abbott

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

(3) BOY OR GIRL?	(4) Twin—or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month)	(Day)	(Year)
Boy		3rd	Yes	January	3	1916

FATHER.

(8) FULL NAME: Willis Washington Abbott

(9) PRESENT POSTOFFICE OF FATHER: Norris, S.C.

(10) COLOR OR RACE: White American

(11) AGE AT LAST BIRTHDAY: 30 (Years)

(12) BIRTHPLACE: In Anderson Co. S.C.

(13) OCCUPATION: Mill work

(20) Number of children born to mother, including present birth: 3

MOTHER.

(14) NAME BEFORE MARRIAGE: Gertrude Mary Graham

(15) PRESENT POSTOFFICE OF MOTHER: Norris, S.C.

(16) COLOR OR RACE: White American

(17) AGE AT LAST BIRTHDAY: 21 (Years)

(18) BIRTHPLACE: In Pickens Co. S.C.

(19) OCCUPATION: Housewife

(21) Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12:10 A.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. Keller, M.D.

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Pickens, S.C.

Given name added from a supplemental report

....., 191....

.....
Registrar

(26) Witness W. H. Abbott
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 4 1916 (28) J. E. Hopkins
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.

Registrar

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FORM NO. 2—REVISED 1915. WHITE LINEN RECORD. PRINTED BY THE STATE BOARD OF HEALTH.
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 5.
W. M. McCaw, of Columbia.