

Form No. 1

(1) PLACE OF BIRTH

County of York  
Township of Abbeville  
or  
Inc. Town of .....  
or  
City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

26710

Registration District No. 4403 Registered No. 05  
(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 Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 26, 1900  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Willie George</u>	(14) NAME BEFORE MARRIAGE <u>Willie George</u>	(9) PRESENT POSTOFFICE OF FATHER <u>York, S. C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>York, S. C.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Year)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>34</u> (Year)
(12) BIRTHPLACE <u>S. C.</u>	(18) OCCUPATION <u>Farmer</u>	(19) BIRTHPLACE <u>S. C.</u>	(20) OCCUPATION <u>Farmer</u>
(21) Number of children born to mother, including present birth <u>1</u>	(22) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(24) (Signature) Willie George

(25) State whether Physician or Midwife Physician

(26) Address of Physician or Midwife York, S. C.

Given name added from a supplemental report

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

(28) Filed July 26, 1900 (29) Local Registrar Willie George

\*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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.