

(1) PLACE OF BIRTH

County of RichmondTownship of High

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2074Registered No. 28
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL <u>Y</u>	(4) Twin or Triplet <u>—</u> To be covered only in case of Twin or Triplet	(5) Number in order of birth <u>—</u>	(6) Sex <u>Y</u>	(7) DATE OF BIRTH <u>April 22, 1923</u> (Month of Month) (Day) (Year)
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FATHER

(8) FULL NAME Cliff Abney(9) PRESENT POSTOFFICE OF FATHER Landrum(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 32
(Year)(12) BIRTHPLACE SP(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Gene Harris(15) PRESENT POSTOFFICE OF MOTHER Landrum(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32
(Year)(18) BIRTHPLACE SP(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at 9:45 M.
on the date above stated. (Born alive or stillborn. (Hour M. or P. M.))(22) (Signature) S. C. Marshall

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Landrum S.C.

Given name added from a supplemental report

(25) Witness

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

(26) Signed April 22, 1923

(27) 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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