

THIS CERTIFICATE MUST BE FILLED IN BY A PERMANENT RESIDENT OF THE COUNTY IN WHICH THE CHILD WAS BORN. IT IS NOT TO BE FILLED IN BY A TRAVELER OR A SEPARATE BLANK FOR EACH CHILD, AND MUST BE FILED IN THE OFFICE OF THE CLERK OF THE COUNTY IN WHICH THE CHILD WAS BORN. No. 1. THIS OFFICE. No. 2. etc. In question 1.

(1) PLACE OF BIRTH
 County of Abbeville
 Township of Abbeville
 Inc. Town of Abbeville
 City of Abbeville
 (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. 4600 Registered No. 108
 (For use of Local Registrar)

(2) Full Name of Child Isaac C. Care
 If child is not yet named, make supplemental report as directed

(3) SEX OR GIVEN <u>boy</u>	(4) Type or Triplet <u>Single</u>	(5) Number in order of birth <u>1</u>	(6) Date of BIRTH <u>Oct 16, 1923</u> (Name of Month) (Day) (Year)
(7) FATHER Full Name <u>Shudrick Care</u> Present Residence of Father <u>Thomas S.C.</u> Color or Race <u>Negro</u> Birthplace <u>S.C.</u> Occupation <u>Farm Labor</u> Number of children born to mother, including present birth <u>1</u>		(8) MOTHER Name before marriage <u>Viola Poirier</u> Present Residence of Mother <u>Thomas S.C.</u> Color or Race <u>Negro</u> Birthplace <u>S.C.</u> Occupation <u>Farm Labor</u> Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) (Hour A. M. or P. M.) 5.9
 on the date above stated.

(23) (Signature) James J. Boyd
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife Abbeville, S.C.

Given name added from a supplemental report Isaac C. Care

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother) J. H. Boyd
 (27) Filed Oct 23, 1923 (28) J. H. Boyd, M.D. Local Registrar

When there is 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.