

Form No. 1.

(1) PLACE OF BIRTH

County of HorryTownship of Baytown

or

Inc. Town of

or

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

File No.—For State Registrar Only

64773

Registration District No. 2500Registered No. 140

(For use of Local Registrar)

(2) Full Name of Child

Gilbert Rabe Jr.

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

| | | | | |
|--|----------------------|------------------------------|-------------------------------------|----------------------------------|
| (3) BOY OR GIRL? <u>Boy</u> | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? <u>yes</u> | (7) DATE OF BIRTH <u>June 30</u> |
| (8) FATHER. | | | | |
| (9) FULL NAME <u>Gilbert Rabe</u> | | | | |
| (10) PRESENT POSTOFFICE OF FATHER <u>Cool Spring</u> | | | | |
| (11) COLOR OR RACE <u>White</u> | | | | |
| (12) BIRTHPLACE <u>Horry Co Baytown S.C.</u> | | | | |
| (13) OCCUPATION <u>Farming</u> | | | | |
| (14) MOTHER. | | | | |
| (15) NAME BEFORE MARRIAGE <u>Lottie Graham</u> | | | | |
| (16) PRESENT POSTOFFICE OF MOTHER <u>Cool Spring</u> | | | | |
| (17) COLOR OR RACE <u>White</u> | | | | |
| (18) BIRTHPLACE <u>Horry Co Baytown S.C.</u> | | | | |
| (19) OCCUPATION <u>House Keeping</u> | | | | |
| (20) Number of children born to mother, including present birth | | | | |
| (21) Number of children of this mother now living, including present birth | | | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3 o'clock on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Lottie Graham

(24) State whether Physician or midwife (the Address of Physician or Midwife)

MidwifeCool Spring

Given name added from a supplemental report

(26) Witness

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

(27) File July 7

1914

(28)

J. V. General

Local Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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 3.

McGraw, of Columbia.

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.