

Form No. 1

## (1) PLACE OF BIRTH

County of RichlandTownship of Cottonor  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 391I Registered No. 16

(For use of Local Registrar)

(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 Andre Rabon If child is not yet named, make supplemental report as directed(3) SEX Boy (4) Twin or Triplet No (5) Number in order of birth 1st (6) DATE OF BIRTH Mar 12 1923  
(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>San Rabon</u>	(14) NAME BEFORE MARRIAGE <u>Emma Beagle</u>	(10) PRESENT OCCUPATION OF FATHER <u>post office</u>	(16) PRESENT OCCUPATION OF MOTHER <u>post office</u>
(12) COLOR OR RACE <u>White</u>	(18) AGE AT LAST BIRTHDAY <u>31</u>	(14) COLOR OR RACE <u>White</u>	(16) AGE AT LAST BIRTHDAY <u>31</u>
(12) BIRTHPLACE <u>county State</u>	(18) BIRTHPLACE <u>county State</u>	(14) OCCUPATION <u>farmer</u>	(16) OCCUPATION <u>house wife</u>
(20) Number of children born to mother, including present birth <u>6</u>	(22) Number of children of this mother now living, including present birth <u>6</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was .....

(26) (Signature) E. M. Taylor

(28) State whether Physician or Midwife midwife

Given name added from a supplemental report

(30) Witness .....

(32) Signed Mar 20th 1923 (34) A. B. Smith 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.