

(1) PLACE OF BIRTH

County of SumterTownship of 1or
Inc. Town of 1or
City of 1

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

(2) Full Name of Child Marta Cabbage(3) BOY OR GIRL Girl(4) Twin or Triplet 1(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH May 5 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Herby Cabbage(9) PRESENT POSTOFFICE OF FATHER Sumter S.C.(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 35

(Years)

(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Deborah Spain(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 35

(Years)

(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) 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.)

(23) (Signature) Katie Nelson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

19..... Registrar

(27) Filed

19.....

(28)

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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CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

16932

Registration District No..... Registered No..... 893

(For use of Local Registrar)

(No. St.; Ward)

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

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