

## (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

File No.—for State Registrar Only

44283

Registration District No. *4008* Registered No. *44283*

(For use of Local Registrar)

(2) Full Name of Child *Oliver Conlidge Price* If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <i>Sept 11 1923</i> (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>William Price</i>			(14) NAME BEFORE MARRIAGE <i>Minnie Humphreys</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Camp</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Camp S.C.</i>	
(10) COLOR OR RACE <i>W</i>	(11) AGE AT LAST BIRTHDAY <i>24</i> (Years)	(16) COLOR OR RACE <i>W</i>	(17) AGE AT LAST BIRTHDAY <i>24</i> (Years)	
(12) BIRTHPLACE <i>S.C.</i>			(18) BIRTHPLACE <i>S.C.</i>	
(13) OCCUPATION <i>F.</i>			(19) OCCUPATION <i>D</i>	
(20) Number of children born to mother, including present birth <i>1</i>			(21) Number of children of this mother now living, including present birth <i>1</i>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *L. A.* at *4* *A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *W. H. Price*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Mad.*Given name *Oliver* from a supplemental report

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

(27) Filed *Jan. 25 1924* (28) *Mrs. A. T. Kerner* 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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