

(3) PAGE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

24005

County of Clarendon

Township of

or
Inc. Town of Hamlet

City of

Registration District No. 130 Registered No. 24
(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 Isaac Ingram Abbott If child is not yet named, make supplemental report as directed

| | | | | |
|------------------|----------------------|------------------------------|--------------------------|--|
| (1) BOY OR GIRL? | (4) Twin or Triplet? | (5) Number in order of birth | (6) KTO Parents Married? | (7) DATE OF BIRTH <u>Aug. 20, 1923</u> (Name of Month) (Day) (Year) |
|------------------|----------------------|------------------------------|--------------------------|--|

FATHER.

(10) FULL NAME Isaac Ingram Abbott(11) PRESENT POSTOFFICE OF FATHER Hamlet(12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 36 (Years)(14) BIRTHPLACE Hamlet(15) OCCUPATION Farmer(16) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Clara Kate Harris(15) PRESENT POSTOFFICE OF MOTHER Hamlet(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)(18) BIRTHPLACE Hamlet(19) OCCUPATION Farmer(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born alive at Hamlet M., on the date above stated. (Hour A. M. or P. M.)(22) (Signature) Physician (23) Address of Physician or Midwife Hamlet, S.C.

(24) State whether Physician or Midwife

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Sept. 17, 1923 (28) U. G. White Local Registrar.

If 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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