

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 5.

McGraw-Hill, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Harry  
Township of Dog Bluff  
or  
Inc. Town of .....  
or  
City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42972

Registration District No. M103

Registered No. 102  
(For use of Local Registrar)

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

(2) Full Name of Child Ida Mae Rabon

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? ✓ (5) Number in order of birth ✓ (6) Are Parents Married Yes (7) DATE OF BIRTH Dec 22, 27  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jerry M. Rabon  
(9) PRESENT POSTOFFICE OF FATHER Galvants Jerry SC #1  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29  
(Years) (12) BIRTHPLACE Harry Co., SC  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Della Tuberville  
(15) PRESENT POSTOFFICE OF MOTHER Galvants Jerry SC #1  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30  
(Years) (18) BIRTHPLACE Harry Co., SC  
(19) OCCUPATION Wife  
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Laura Brown  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Galvants Jerry SC #1

Given name added from a supplemental report

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

(27) Filed Dec 30, 27 (28) Shane 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.