

(1) PLACE OF BIRTH

County of SabersdaTownship of no. 1

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 39.00B

File No.—For State Registrar Only

15703Registered No. 6
(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 Alta Lee Abney

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

(3) BOY OR GIRL girl(4) Twin or Triplet no(5) Number in order of birth 2(6) Are Parents Married no(7) DATE OF BIRTH Mar. 2, 1923

(Name of Month) (Day) (Year)

(8) FULL NAME

Illegitimate

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE

Jennifer Abney

(15) PRESENT POSTOFFICE OF MOTHER

Batesburg, S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

25

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housework

(20) Number of children born to mother, including present birth

7

(21) Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

Don. B. B. B.

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Batesburg, S.C.

Given name added from a supplemental report

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

(27) Filed Mar. 20, 1923 (28) R. C. Coughman 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.