(1) PLACE OF BIRTH No. CERTIFICATE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureen of Vital Statistics
State Board of Health

File No.—For State Registrar Only
25070

(1) PLACE OF BIRTH
County of Richland
Township of .....
Inc. Town of ..... or
City of Columbia
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 38a Registered No. 646
(For use of Local Registrar)
(No. 320 Congaree St.; ..... Ward)

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

(2) Full Name of Child Earle B. Abbott

(3) BOY OR GIRL? Boy
(4) Twin or Triplet? (If twin or triplet, state whether first, second, or third born)
(5) Number in order of birth
(6) Are Parents Married? yes
(7) DATE OF BIRTH July 30 1923 (Month) (Day) (Year)

FATHER

(8) FULL NAME Henry B. Abbott
(9) PRESENT POSTOFFICE OF FATHER Columbia
(10) COLOR OR RACE White
(11) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE Aiken Co., S. C.
(13) OCCUPATION Drawing frame hand in cotton mill
(14) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Elizabeth Boyer
(15) PRESENT POSTOFFICE OF MOTHER Columbia
(16) COLOR OR RACE White
(17) AGE AT LAST BIRTHDAY 18 (Years)
(18) BIRTHPLACE Orangeburg Co., S. C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10.30 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) B. H. Freeman
(24) State whether Physician or Midwife Physician
(25) Address of Physician or Midwife Columbia, S. C.

Given name added from a supplemental report
..... 191....
..... Registrar

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

(27) Filed Sep. 15, 1923. (28) C. D. Sloan Local Registrar

(29) ..... Registrar

81 as a child breathes even once. It must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.