

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 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 3

(1) PLACE OF BIRTH

County of Aiken
 Township of Grigg
 OF Grigg
 Town of Grigg
 OF Grigg
 City of Grigg

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

No. — For State Registrar Only
12572 1-

Registration District No. 2-B Registered No. 34
 (For use of Local Registrar)

(No. 2-B St. 2-B Ward 2-B)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Walter Abramson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are parents married? Yes (7) DATE OF BIRTH May 27 1933
 (Name of Month) (Day) (Year)

FATHER: (8) FULL NAME Walter Abramson Sr. (9) PRESENT POSTOFFICE OF FATHER Grigg, S.C. (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years) (12) BIRTHPLACE Aiken Co., S.C. (13) OCCUPATION Textile (14) Number of children born to mother, including present birth 13

MOTHER: (14) NAME BEFORE MARRIAGE Ernie Ella Faulkner (15) PRESENT POSTOFFICE OF MOTHER Grigg, S.C. (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years) (18) BIRTHPLACE Edgefield Co., S.C. (19) OCCUPATION Domestic (20) Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) H. R. Turnbull, D.S. (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Grigg, S.C.

(Given name added from a supplemental report)

(26) Witness H. R. Turnbull, D.S. (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed 5/31/33 (28) Local Registrar H. R. Turnbull, D.S.

*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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