

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.
 DEPARTMENT OF HEALTH, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Aiken
 Township of Grigg
 OF
 Twp. Town of Graniteville, S.C.
 OF
 City of _____ (No. _____ St.; _____ Ward)

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)

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

(3) **BOY OR GIRL** Boy (4) **Twin or Triplet?** _____ (5) **Number in order of birth** _____ (6) **Are Parents Married?** Yes (7) **DATE OF BIRTH** May 27, 33
To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) **FULL NAME** Walter Abramson Sr.

(9) **PRESENT POSTOFFICE OF FATHER** Graniteville, S.C.

(10) **COLOR OR RACE** White (11) **AGE AT LAST BIRTHDAY** 26
(Years)

(12) **BIRTHPLACE** Aiken Co., S.C.

(13) **OCCUPATION** Textile

(20) **Number of children born to mother, including present birth** 13

MOTHER.

(14) **NAME BEFORE MARRIAGE** Ernie Della Faulkner

(15) **PRESENT POSTOFFICE OF MOTHER** Graniteville, S.C.

(16) **COLOR OR RACE** White (17) **AGE AT LAST BIRTHDAY** 37
(Years)

(18) **BIRTHPLACE** Edgefield Co., S.C.

(19) **OCCUPATION** Domestic

(21) **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 _____ M., 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 Graniteville, 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 5/31/33 (28) H. R. Turnbull, D.S. 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.

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