Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
4143

(1) PLACE OF BIRTH

County of Lee

Township of Mt. Clio

or Inc. Town of .....

or City of .....

Registration District No. 3004. Registered No. 24
(For use of Local Registrar)

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

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

(2) Full Name of Child Isaac Abraham

(3) BOY OR GIRL	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month)	(Day)	(Year)
boy	Twin	To be answered only in event of Twins or Triplets	yes	Dec	7	99

FATHER.

(8) FULL NAME Wash Abraham

(9) PRESENT POSTOFFICE OF FATHER St Charles S.C.

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 45 (Years)

(12) BIRTHPLACE Lee Co.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Honey Clark

(15) PRESENT POSTOFFICE OF MOTHER St Charles S.C.

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE Lee Co

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 A. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha Timmons

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife St Charles S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Dec 14 1922 (28) Denton Edmonds
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.

WRITE PLAINLY, WITH INK OR INDELIBLE PENCIL. DO NOT USE A LEAD PENCIL. 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 OTHERS, No. 2, etc., in question 5.