

(1) PLACE OF BIRTH

County of HershawTownship of Watson

Inc. Town of

City of

If birth occurs in a hospital or other institution, give name of same instead of street and number.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

1697

Registration District No. 2704 Registered No.

(For use of Local Registrar)

(2) Full Name of Child. Paula Estelle Rabon If child is not yet named, make supplemental report as directed(3) SEX OR AGE Girl

(4) Twin or triplet?

(5) Number in order of birth

To be answered only in event of twins or triplets

(6) Are Parents Married Yes(7) DATE OF BIRTH Jan. 5, 1923

(Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Marion Rabon(9) PRESENT POSTOFFICE OF FATHER Buford(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Hershaw Co(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Viola Gertrude Kelly(15) PRESENT POSTOFFICE OF MOTHER Buford(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Hershaw Co(19) OCCUPATION House wife(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) W. B. Campbell

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Columbia

Given name added from a supplemental report

7/25/44

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

Jan 30, 1923 (27) W. B. Campbell 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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