

WHITE 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 5.

(1) PLACE OF BIRTH

County of Horry
Township of Edgely
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

30739

Registration District No. 7509

Registered No. 70
(For use of Local Registrar)

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

(2) Full Name of Child George Washington Rabon

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 Sept 26, 1922
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Carrmon Rabon

(14) NAME BEFORE MARRIAGE Matthie Doyle

(9) PRESENT POSTOFFICE OF FATHER Horry SC

(15) PRESENT POSTOFFICE OF MOTHER Horry

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 44 (Year)

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Year)

(12) BIRTHPLACE Horry

(18) BIRTHPLACE Horry

(13) OCCUPATION Farming

(19) OCCUPATION Housekeeping

(20) Number of children born to mother, including present birth 2

(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 Online at 6 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Allen SC

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Heathie Fox

Given name added from a supplemental report

(26) Witness

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

Oct 2 22

Frank Woods
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.