

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 N. B.—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 1.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		No. 1a.—For State Registrar Only	
County of <u>Abbeville</u>		STATE OF SOUTH CAROLINA		2601	
Township of <u>Abbeville</u>		Bureau of Vital Statistics		State Board of Health	
Inc. Town of		Registration District No. <u>1.02</u>		Registered No. <u>6</u>	
City of		(No. St.; Ward)		(Per 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 <u>Paul Wesley Garbarn</u>					
If child is not yet named, make supplemental report as directed					
(3) SEX OF CHILD	(4) Type or Type of	(5) Number in order of birth	(6) Sex of mother	(7) DATE OF BIRTH	
<u>Boy</u>	<u>To be answered only in case of Twin or Triplets</u>		<u>Female</u>	<u>Feb. 12, 1923</u>	
FATHER.			MOTHER.		
(8) FULL NAME	(9) PRESENT POSTOFFICE OF FATHER	(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	(14) NAME BEFORE MARRIAGE	(15) PRESENT POSTOFFICE OF MOTHER
<u>John William Graham</u>	<u>R.F.O. #1 Abbeville S.C.</u>	<u>White</u>	<u>28</u>	<u>Jennie Caroline Parsley</u>	<u>R.F.O. #1 Abbeville S.C.</u>
(12) BIRTHPLACE	(13) OCCUPATION	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY	(18) BIRTHPLACE	(19) OCCUPATION
<u>Oglethorpe County, Ga.</u>	<u>Farmer</u>	<u>White</u>	<u>25</u>	<u>Abbeville County S.C.</u>	<u>Housewife</u>
(20) Number of children born to mother, including present birth	(21) Number of children of this mother now living, including present birth				
<u>Four</u>	<u>Four</u>				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>11:00 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)					
(23) (Signature)		(24) State whether Physician or Midwife		(25) Address of Physician or Midwife	
<u>[Signature]</u>		<u>Physician</u>		<u>Abbeville S.C.</u>	
Given name added from a supplemental report			(26) Witness		
			(Signature of Witness necessary only when question 22 is signed by mark)		
			(27) Filed <u>Feb. 17, 1923</u> (28) <u>S. E. S. Presley</u> 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.