

(1) PLACE OF BIRTH

County of RichlandTownship of Camper

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

33737

Registration District No. 32Registered No. 79
(For use of Local Registrar)(2) Full Name of Child Myrtle Abbott

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

(3) BOY OR GIRL Girl(4) Twin or Triplet X(5) Number in order of birth 1(6) Are Parents Married yes(7) DATE OF BIRTH Sept 18 1923
(Name, Month, Day, Year)

FATHER

(8) FULL NAME Earl C. Cuthaw(9) PRESENT POSTOFFICE OF FATHER Blaney S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 32
(Years)(12) BIRTHPLACE Richland S.C.(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Myrtle Abbott(15) PRESENT POSTOFFICE OF MOTHER Blaney S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 20
(Years)(18) BIRTHPLACE Kershaw S.C.(19) OCCUPATION Home Duties(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was A live 5:20 P.M.
on the date above stated. born alive or stillborn (Hour, M., or P. M.)(23) (Signature) J. J. Gentry(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Blaney 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 Sept 15 1923(28) Willie Farmer
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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