(1) PLACE OF BIRTH

County of Orangeburg

Township of Providence

or

Inc. Town of .....

or

City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. 16272 — For State Registrar Only

Registration District No. 3414 Registered No. 63

(For use of Local Registrar)

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

(No. ..... St.; ..... Ward)

(2) Full Name of Child Jonie Abraham (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
boy			yes	May 15 1922

FATHER

(8) FULL NAME Allen Abraham

(9) PRESENT POSTOFFICE OF FATHER Vance S C

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 57 (Years)

(12) BIRTHPLACE Orangeburg Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 5

MOTHER

(14) NAME BEFORE MARRIAGE Annie Mack

(15) PRESENT POSTOFFICE OF MOTHER Vance S C

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 36 (Years)

(18) BIRTHPLACE Orangeburg Co

(19) OCCUPATION Home Work

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 1 P M, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Annie Mack Midwife

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Vance 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 May 20 1922 (28) W. F. Dantzler

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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N. B.—In case of DEATH, WITHOUT UNKNOWN, THE ATTENDING PHYSICIAN SHALL FURNISH AT ONCE A CERTIFICATE OF DEATH, AND MUST FILE SAME WITH REGISTRAR OF VITAL STATISTICS, BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.

Bureau of Vital Statistics, State Board of Health, Columbia, S. C.