

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

County of

Abbeville

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

20639

Township of

Deer Creek

106

or Inc. Town of

Registration District No.

30

Registered No.

44

(For use of Local Registrar)

City of

(No.)

St.

Ward)

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

(2) Full Name of Child

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

(3) BOY OR GIRL

Male

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parent Married?

Yes

(7) DATE OF BIRTH

7-27-22

(Name of Month) (Day) (Year)

To be answered only in case of Twins or Triplets

FATHER.

MOTHER.

(8) FULL NAME

Jessie Cuevas

(14) NAME BEFORE MARRIAGE

Hannie A. Hunter

(9) PRESENT POSTOFFICE OF FATHER

Honey Path S.C.

(15) PRESENT POSTOFFICE OF MOTHER

Honey Path S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

22

(Years)

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

19

(Years)

(12) BIRTHPLACE

Anderson Co.

(18) BIRTHPLACE

Abbeville Co.

(13) OCCUPATION

Farming

(19) OCCUPATION

Domestic

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

1

(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 born at 5-15 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. H. Williams

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Honey Path 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 July 10, 1922 (28) J. H. Branch 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.

N. 1

McGraw-Hill

Registrar

Local Registrar.

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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6. McGraw-Hill, of Columbia.

or Only

3.... ar) Ward)

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A.M., P.M.)

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