

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 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Abbeville</u>		STATE OF SOUTH CAROLINA		20658	
Township of <u>Landmark</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No.		Registered No. <u>50</u>	
or				(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 <u>Harvey DuBois</u>		{ If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>220</u>	(7) DATE OF BIRTH <u>July 21, 1922</u>	
To be answered only in event of Twins or Triplets					
FATHER.			MOTHER.		
(8) FULL NAME <u>Reece Kilborn</u>			(14) NAME BEFORE MARRIAGE <u>Levine DuBois</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Albion S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Albion S.C.</u>		
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>21</u>	(16) COLOR OR RACE <u>Negro</u>			
		(17) AGE AT LAST BIRTHDAY <u>19</u>			
(12) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>			
(13) OCCUPATION <u>Public Work</u>		(19) OCCUPATION <u>Immigrant</u>			
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>W. H. Banks</u>		(25) Address of Physician or Midwife <u>Landmark S.C.</u>			
(24) State whether Physician or Midwife					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
		(27) Filed <u>Aug 10, 1922</u> (28) <u>J. M. Hubbard</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.					