

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only

16911

County of Spartanburg
Township of Providence

OR
Inc. Town of

Registration District No. 4105

Registered No. 47
(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 Hezekiah Abram (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 22
(Name of month) (Day) (Year)

FATHER.
(8) FULL NAME T. L. Abram
(9) PRESENT POSTOFFICE OF FATHER Dalzell S.C.
(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 32
(Year)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 5

MOTHER.
(14) NAME BEFORE MARRIAGE Carole Living
(15) PRESENT POSTOFFICE OF MOTHER Dalzell S.C.
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 31
(Year)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A.M. on the date above stated.
(Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Nannah Chestnut
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Dalzell S.C.

Given name added from a supplemental report

(26) Witness Ma Eva Burkette
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed May 15 1922 (28) J. B. Raffield
Registrar 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.

IN CASE OF TWIN OR TRIPLET USE A SEPARATE FILE NO. FOR EACH CHILD. MARK "M" IN COLUMN FOR MOTHER'S NAME. MARK "F" IN COLUMN FOR FATHER'S NAME. MARK "B" IN COLUMN FOR BIRTHPLACE. MARK "C" IN COLUMN FOR COLOR OR RACE. MARK "O" IN COLUMN FOR OCCUPATION. MARK "A" IN COLUMN FOR AGE AT LAST BIRTHDAY. MARK "M" IN COLUMN FOR MONTH OF BIRTH. MARK "D" IN COLUMN FOR DAY OF BIRTH. MARK "Y" IN COLUMN FOR YEAR OF BIRTH.