

MARGIN RESERVED FOR BINDING.

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**

County of Orangeburg  
Township of City  
OR  
Inc. Town of.....  
OR  
City of Orangeburg (No. 22 Green St.; ..... Ward)  
(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

**19638 73**

Registration District No. 965 Registered No. 73  
(For use of Local Registrar)

**(2) Full Name of Child** W. Margaret Louise Rabb

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

|                             |                     |                             |                         |   |
|-----------------------------|---------------------|-----------------------------|-------------------------|---|
| 3) BOY OR GIRL? <u>girl</u> | 4) Twin or Triplet? | 5) Number in order of birth | 6) Are Parents Married? | 7) DATE OF BIRTH <u>may 19 4 1922</u><br>(Name of Month) (Day) (Year) |
|-----------------------------|---------------------|-----------------------------|-------------------------|---|

**FATHER.**

8) FULL NAME Calvin Haynes Rabb  
9) PRESENT POSTOFFICE OF FATHER Orangeburg  
10) COLOR OR RACE white 11) AGE AT LAST BIRTHDAY 32 (Years)  
12) BIRTHPLACE Monticello S.C.  
13) OCCUPATION Merchant  
20) Number of children born to mother, including present birth 1

**MOTHER.**

14) NAME BEFORE MARRIAGE Gammie Mable Rabb  
15) PRESENT POSTOFFICE OF MOTHER Orangeburg  
16) COLOR OR RACE white 17) AGE AT LAST BIRTHDAY 32 (Years)  
18) BIRTHPLACE Ellen S.C.  
19) OCCUPATION House wife  
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 Orangeburg,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) L. C. Shealy  
(24) State whether Physician or Midwife  
(25) Address of Physician or Midwife Orangeburg 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 July 5 1922 (28) .....  
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.

..... Registrar  
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MADE BY COLUMBIA, COLUMBIA, S. C.