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 6.

Bureau of Statistics, Columbia, S. C.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 26774

(1) PLACE OF BIRTH

County of Abbeville

Township of Abbeville

or Inc. Town of .....

or City of Abbeville (N Wilson Hill St.; 2nd Ward)

Registration District No. 1A Registered No. 77 (For use of Local Registrar)

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

(2) Full Name of Child Caroline George

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH Sept 22 1923 (Month) (Day) (Year)

FATHER.

(8) FULL NAME John George

(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Abbeville S.C.

(13) OCCUPATION RR Yard

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

MOTHER.

(14) NAME BEFORE MARRIAGE Ollie May Brown

(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Abbeville S.C.

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) G. H. Bowen M.D.

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Abbeville 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 Sept 27 1923 (28) Miss Lulie McAllister
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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