

## (1) PLACE OF BIRTH

County of Orangeburg  
 Township of city.....  
 Inc. Town of.....  
 or  
 City of.....  
 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

31562

Registration District No. 36-a Registered No. 1255  
 (For use of Local Registrars)

(No. Russell St., Ward)

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

(7) DATE OF  
 BIRTH Sept 20, 1922  
 (Name of Month) (Day) (Year)

## (2) Full Name of Child

Alden Rabb

(3) BOY OR  
GIRL boy(4) Twins  
or Triplets?

To be answered only in event of Twins or Triplets

(5) Number In  
order of Birth(6) Are  
Parents  
Married? Yes(8) FULL  
NAME Alden Rabb(9) PRESENT  
POSTOFFICE  
OF FATHER

Orange S. C.

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

(Years) 26

(12) BIRTHPLACE

Blackville. S. C.

(13) OCCUPATION

Repairer - house

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

2

(20) Number of children of this mother  
now living, including present birth

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 1 p.m.  
 on the date above stated.

(Obstetric or stillborn) Stillborn

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Orange S. C.

Given name cited from a supplemental report

(26) Witness

(Signature of witness necessary only  
 when question 23 is signed by mark)

Registrar

(27) Filed

Oct 7, 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.