

(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

26794

County of Abbeville
Township of AbbevilleInc. Town of Registration District No. 105 Registered No. 57
(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 Albert B. Brock If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth
to be entered only in case of twins or triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept. 14, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

O. K. Brock

(9) PRESENT POSTOFFICE OF FATHER

Honea Path, S.C.

(10) COLOR OR RACE

white(11) AGE AT LAST BIRTHDAY 35
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

6

(14) NAME BEFORE MARRIAGE

Onnie Fields

(15) PRESENT POSTOFFICE OF MOTHER

Honea Path S.C.

(16) COLOR OR RACE

white(17) AGE AT LAST BIRTHDAY 33
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8:30 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. R. Donald

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Honea Path, S.C.

(Given name added from a supplemental report

(26) Witness

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

(27) Filed Oct. 5, 1923(28) Lucille Humphreys
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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