

(1) PLACE OF BIRTH

County of SaludaTownship of Na.

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3900B

File No.—For State Registrar Only

15704Registered No. 8
(For use of Local Registrar)

(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

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

(6) Are Parents Married yes

(7) DATE OF

BIRTH March 10, 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Yewston Abney(9) PRESENT POSTOFFICE OF FATHER Leesville, S.C.(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 28

(Years)

(12) BIRTHPLACE S. C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Parnage(15) PRESENT POSTOFFICE OF MOTHER Leesville, S.C.(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 25

(Years)

(18) BIRTHPLACE S. C.(19) OCCUPATION Housework(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 born alive at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Missie Burton(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Batesburg, 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 April 11, 1923(28) H. C. Cauffman

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.