

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY. WITH UNFOLDING TABS—THIS IS A PERMANENT RECORD.  
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THE OTHERS, No. 2, etc. In question 1.

**(1) PLACE OF BIRTH**  
 County of Oconee  
 Township of Suwan  
 or  
 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

Registration District No. 3104 Registered 348  
 (For use of Local Registrar)

No. 11458—For State Registrar Only

St. .... Ward) .....  
 (No. .... St. .... Ward) .....  
 (If child is not yet named, make supplemental report as directed)

**(2) Full Name of Child** Evelyn Rankin Abbott

(3) <b>BOY OR GIRL</b> <u>GIRL</u>	(4) <b>Twin or Triplet</b> To be answered only in event of Twin or Triplet	(5) <b>Number in order of birth</b> <u>1</u>	(6) <b>Age at Birth</b> <u>4 1/2</u>	(7) <b>DATE OF BIRTH</b> (Name of Month) <u>Feb</u> (Day) <u>3</u> (Year) <u>1923</u>
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**FATHER.**

(8) **FULL NAME** Lucian Dumas Abbott  
 (9) **PRESENT POSTOFFICE OF FATHER** Suwan S. C.  
 (10) **COLOR OR RACE** white (11) **AGE AT LAST BIRTHDAY** 34 (Year)  
 (12) **BIRTHPLACE** Oconee Co. S. C.  
 (13) **OCCUPATION** Electrician  
 (14) **Number of children born to mother, including present birth** 15

**MOTHER.**

(15) **NAME BEFORE MARRIAGE** Germa Rankin  
 (16) **PRESENT POSTOFFICE OF MOTHER** Suwan S. C.  
 (17) **COLOR OR RACE** white (18) **AGE AT LAST BIRTHDAY** 30 (Year)  
 (19) **BIRTHPLACE** Oconee Co. S. C.  
 (20) **OCCUPATION** Housewife  
 (21) **Number of children of this mother now living, including present birth** 15

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

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

(23) (Signature) S. J. Hines (24) Address of Physician or Midwife Suwan S. C.  
 (25) State whether Physician or Midwife

(26) **Witness** (Signature of Witness necessary only when question 23 is signed in mark)  
 (27) Filed 4/16/23 (28) S. J. Hines Local Registrar

(Given name added from a supplemental report) .....  
 ..... 19 ..... 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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