

Form No. 1

(1) PLACE OF BIRTH

County of Windsor
Township of
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3733

Registration District No. 9.06

Registered No. 14
(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 Joseph Liles Ableson

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

1. BOY OR GIRL? Boy 2. Twin or Triplet? No 3. Number in order of birth 1
To be answered only in event of Twin or Triplet

4. Are Parents Married? yes

5. DATE OF BIRTH Feb 22, 1923
(Name of Month) (Day) (Year)

FATHER.

6. FULL NAME Robert H. Ableson
7. PRESENT POST-OFFICE OF FATHER Windsor
8. COLOR OR RACE Color 9. AGE AT LAST BIRTHDAY 21 (Years)
10. BIRTHPLACE Windsor
11. OCCUPATION Farmer
12. Number of children born to mother, including present birth 1

MOTHER.

13. NAME BEFORE MARRIAGE Ethel Robinson
14. PRESENT POST-OFFICE OF MOTHER Windsor
15. COLOR OR RACE Color 16. AGE AT LAST BIRTHDAY 21 (Years)
17. BIRTHPLACE Windsor
18. OCCUPATION Farmer
19. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was Robert D. Ableson on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature)

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife

Given name added from a supplement

Robert D. Ableson

(27) Witness

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

(28) Filed

3/1 23 L. E. Hester
Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.