

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N B—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 3.

McCafer Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Abbeville
Township of Long Cane
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
5809

Registration District No. 107 Registered No. 9
(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 Doris Akinn

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? To be answered only in case of Twins or Triplets (5) Number in order of birth 48 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 11 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jim Akinn
(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.
(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 48
(Years)
(12) BIRTHPLACE Abbeville Co.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Bell Burton
(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.
(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 35
(Years)
(18) BIRTHPLACE Abbeville Co.
(19) OCCUPATION Housewife
(21) 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 A P M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C.C. Gambrell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

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

(27) Filed Mar 23 23 (28) E.R. Miller 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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