

(1) PLACE OF BIRTH

County of Abbeville

Township of Abbeville

Inc. Town of \_\_\_\_\_

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

File No. — For State Registrar Only

5581

Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

(For use of Local Registrar)

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

2) Full Name of Child

(1) BOY OR

Boy

(4) Twin or Triplet?

(to be answered only in event of twins or triplets)

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH Mar. 29 1928  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Warren Raper

(9) PRESENT POSTOFFICE OF FATHER

Abbeville S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

(Years)

25

(12) BIRTHPLACE

Abbeville S.C.

(13) OCCUPATION

Farmer

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

14

MOTHER.

(14) NAME BEFORE MARRIAGE

James Raper

(15) PRESENT POSTOFFICE OF MOTHER

Abbeville S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

(Years)

45

(18) BIRTHPLACE

Abbeville S.C.

(19) OCCUPATION

Housewife

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

11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) [Signature]

(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 April 2, 1928

(28) [Signature] 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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