

MARGIN RESERVED FOR BINDING.
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 6.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Charleston</u>		STATE OF SOUTH CAROLINA		3521	
Township of <u>Sullivan Island</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
City of		Registration District No. <u>912</u>		Registered No. <u>4</u> (For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No.) St.		Ward	
(2) Full Name of Child <u>Abraham Seabron</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>June 11, 1924</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Abraham Seabron</u>	(14) NAME BEFORE MARRIAGE <u>Petsy Guntch</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>Sullivan Island</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Sullivan Island</u>				
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)		
(12) BIRTHPLACE <u>Christ Church</u>	(18) BIRTHPLACE <u>Christ Church</u>				
(13) OCCUPATION <u>Laborer</u>	(19) OCCUPATION <u>Washer</u>				
(20) Number of children born to mother, including present birth <u>One</u>	(21) Number of children of this mother now living, including present birth <u>One</u>				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>3:30</u> A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Sarah Williams</u>		(24) Address of Physician or Midwife <u>Sullivan Island</u>			
(25) State whether Physician or Midwife <u>Midwife</u>		(26) Address of Physician or Midwife <u>Sullivan Island</u>			
Given name added from a supplemental report <u>Sarah</u>		(27) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>Petsy Guntch</u>			
(28) Filed <u>June 23, 1924</u>		(29) Local Registrar <u>Dr. J. L. Williams</u>			
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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