

(1) PLACE OF BIRTH *Horry Co* **CERTIFICATE OF BIRTH**
 County of *Willam* **STATE OF SOUTH CAROLINA.**
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
42842

Township of
 or
 Inc. Town of Registration District No. *2011* Registered No. *113*
 or
 City of *Claussville* (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 *Jonathun Abraham* is not yet named, make supplemental report as directed

(3) BOY or GIRL? *Boy* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *12 24 5*
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (9) FULL NAME *Nathun Abraham*
 (10) PRESENT POSTOFFICE OF FATHER *Claussville*
 (11) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *29* (Years)
 (12) BIRTHPLACE *Horry Co*
 (13) OCCUPATION *Farmer*
 (20) Number of children born to mother, including present birth *3*

MOTHER.
 (14) NAME BEFORE MARRIAGE *Emarinta Jones*
 (15) PRESENT POSTOFFICE OF MOTHER *Claussville SC*
 (16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *24* (Years)
 (18) BIRTHPLACE *Horry Co*
 (19) OCCUPATION *Dom*
 (21) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *11 P* M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) *Christelle Cannon*
 (24) Sign as either Physician or Midwife (25) Address of Physician or Midwife *Claussville SC*

Given name added from a supplemental report 191.....
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) *W. H. Cannon*
 (27) Filed 191..... (28) Local Registrar. *W. H. Cannon*

*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.

Form No. 10. WHEN RECEIVED FOR FILING, WRITE PLAINLY, WITH READING INSTRUMENTS, THIS AS A PREPARATION FOR THE CHILD. 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 5. Bureau of Vital Statistics

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.