

(1) PLACE OF BIRTH *Horace Co* **CERTIFICATE OF BIRTH**
County of *William* **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

or

City of *Claude*

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child *Jonathan Abraham*Registered No. *113*
(For use of Local Registrar)(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 3*

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *Nathan Abraham*(14) NAME BEFORE MARRIAGE *Emmeline Jones*(9) PRESENT POSTOFFICE OF FATHER *Claude*(15) PRESENT POSTOFFICE OF MOTHER *Claude*(10) COLOR OR RACE *Negro*(11) AGE AT LAST BIRTHDAY *29*

(Years)

(16) COLOR OR RACE *Negro*(17) AGE AT LAST BIRTHDAY *24*

(Years)

(12) BIRTHPLACE *Horace Co*(18) BIRTHPLACE *Horace Co*(13) OCCUPATION *Farmer*(19) OCCUPATION *Dom*(20) Number of children born to mother, including present birth *3*(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) *Charlotte Cannon*(24) Signature of Physician or Midwife *Midwife*(25) Signature of Physician or Midwife *Claude*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *191*

(28)

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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