

*Spartanburg*

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No. — for State Register Only  
**22513**

City of *Woodruff*

Registration District No. *40-B* Registered No. *55*  
(For use of Local Registrar)

Sex of Child *Female* (No. of birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child *Elizabeth A. Abernethy* If child is not yet named, make supplemental report as directed

Sex of Child *Female* (1) Twin or Triplet? *No* (2) Number in order of birth *1st* (3) Are Parents Married? *Yes* (4) DATE OF BIRTH *July 29 23* (Name of Month) (Day) (Year)

FATHER		MOTHER	
(1) FULL NAME <i>John B. Abernethy</i>	(14) NAME BEFORE MARRIAGE <i>Vera Pearson</i>	(12) PRESENT POSTOFFICE OF FATHER <i>Woodruff S.C.</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Woodruff S.C.</i>
(2) COLOR <i>White</i>	(16) COLOR <i>White</i>	(17) AGE AT LAST BIRTHDAY <i>23</i>	(18) AGE AT LAST BIRTHDAY <i>27</i>
(3) PLACE OF BIRTH <i>Laurens Co</i>	(19) BIRTHPLACE <i>Spartanburg S.C.</i>	(20) OCCUPATION <i>Cotton Mill Operator</i>	(21) OCCUPATION <i>Domestic</i>
(22) Number of children born to father, including present birth <i>3</i>	(23) Number of children of this mother now living, including present birth <i>3</i>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Alive* on the date above stated. (Mark A. M. or P. M.)

(24) (Signature) *Chas. L. Taylor* (25) Address of Physician or Midwife *Woodruff S.C.*

(26) State whether Physician or Midwife *Phys* (27) Witness (Signature of Witness necessary only when question 25 is signed by Mark) *Chas. L. Taylor* (28) Filed *Aug 10 1923* (29) Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

If a union remains even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Name of child. Elizabeth A. Abercrombie

Name of father. Arthur B Abercrombie

Name of mother. Vera Pearson.

**AFFIDAVIT** Date of birth. July 29 1923.

Place of birth. Woodruff, S.

Attending physician. O H McC

Race White.

STATE OF Georgia

COUNTY OF Fulton

Personally appeared before me Mrs. Vera P. Abercrombie

who first being duly sworn says that s. he is the mother  
of Elizabeth Ann Abercrombie, who was born at Woodruff, S.C.

on July 29, 19 23; that the birth records in the office of the Clerk of  
Court for Spartanburg County, South Carolina, are deficient in the following manner, to-wit:  
That the name of Elizabeth Ann Abercrombie does not appear on the  
birth records.

that this affidavit is made for the purpose of correcting the errors as herein stated.

Sworn to before me this 16<sup>th</sup>  
day of June, 1941

L. A. Chambers  
Notary Public for S. C.  
Fulton County, Ga.

Mrs. Vera P. Abercrombie.

COPY

Name of child. <u>Elizabeth A. Abercrombie</u>	
Name of father. <u>Arthur B Abercrombie</u>	
Name of mother. <u>Vera Pearson.</u>	
Date of birth. <u>July 29 1923.</u>	
Place of birth. <u>Woodruff, S.</u>	
Attending physician. <u>O H McC</u>	
Race <u>White.</u>	
(If birth occurs in a hospital)	
Full Name of Child	
Sex of Child <u>Boy</u>	Time of birth <u>To be answered</u>
FATHER.	
MOTHER.	
Name of father <u>Arthur B Abercrombie</u>	
Name of mother <u>Vera Pearson</u>	
Color of child <u>White</u> (11)	
Birthplace <u>Woodruff, S.C.</u>	
Occupation	
Number of children born to mother, including present birth	
CERTIFICATE	
(22) I hereby certify that I am on the date above	
Given name added from a medical report	
When there was no attending physician a child breathes even once	
In a common practice even	