

CERTIFICATE OF BIRTH

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

File No. — for State Register Only
22523 —

City of Spartanburg
County of Woodruff Registration District No. 40-B Registered No. 55
(For use of Local Registrar)
If birth occurs in a hospital or other institution, give name of same (instead of street and number.)
Full Name of Child Elizabeth A. Abercrombie If child is not yet named, make supplemental report as directed

SEX OF CHILD Female (1) Male (2) Female
(1) Twin or Triplet? (2) Number in order of birth (3) Are Parents Married? Yes (4) DATE OF BIRTH July 29 23
(Name of Month) (Day) (Year)

FATHER
Full Name Arthur B. Abercrombie
Present Postoffice of Father Woodruff S.C.
Color or Race White (11) AGE AT LAST BIRTHDAY 23 (Years)
Birthplace Lawrence S.C.
Occupation Cotton Mill Operator
Number of children born to father, including present birth 3

MOTHER
(14) NAME BEFORE MARRIAGE Vera Pearson
(15) PRESENT POSTOFFICE OF MOTHER Woodruff S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)
(18) BIRTHPLACE Spartanburg S.C.
(19) OCCUPATION Domestic
(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(22) (Signature) A. H. McCord
(23) State whether Physician or Midwife Phys (24) Address of Physician or Midwife Woodruff S.C.

Name added from a supplemental report
(25) Witness (Signature of Witness necessary only when question 23 is signed by Mark)
(26) Filed Aug. 10. 23 (27) Chas. L. Fowler 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.C.

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 she 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 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 16th

day of June, 1941

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

Mrs. Vera P. Abercrombie.

COPY

State of Georgia
 County of Fulton
 Name of Child Elizabeth Ann Abercrombie
 Date of Birth July 29 1923
 Place of Birth Woodruff, S.C.
 Attending Physician O H McC
 Race White
 Sex Female
 Type of Birth Normal
 Full Name of Child Elizabeth Ann Abercrombie
 Name of Father Arthur B Abercrombie
 Name of Mother Vera Pearson
 Color of Hair White
 Color of Eyes Blue
 Occupation
 Number of children born to mother, including present birth 1
 I hereby certify that I attended the birth of the child above named on the date above stated.
 Given name added from a hospital report
 When there was no attending physician, a child breathes even on its own
 as a common practice even on its own