

(1) PLACE OF BIRTH

County of Abbeville

Township of

Inc. Town of

City of Abbeville

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

6163

Registration District No. 1a Registered No. 18

(For use of Local Registrar)

St. 5 Ward2) Full Name of Child Ralph Pierce Sorrow

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>43</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Mon 2</u> 19 <u>22</u>
				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Elijah Pierce Sorrow(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE

Oglethorpe Ga

(13) OCCUPATION

Mill Work(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Vera May Taylor(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE

Anderson Co S.C

(19) OCCUPATION

Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. C. Campbell M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Abbeville S.C

Given name added from a supplemental report

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

(27) Filed Feb 7 1922 (28) Julia McAllister 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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THIS IS A PERMANENT RECORD. WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

W.C.W. of Columbia