

## (1) PLACE OF BIRTH

County of Abbeville  
 Township of Donald

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only  
**5802**

or  
 Inc. Town of ..... Registration District No. 105 Registered No. 23  
 or  
 City of ..... (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 Jenierie Atta Freeman If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Girl (4) Twin or triplet? No (5) Number in order of birth 3<sup>rd</sup> (6) Age at birth 3<sup>rd</sup> (7) DATE OF BIRTH 3-28-23  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John Henry Freeman

(9) PRESENT POSTOFFICE OF FATHER Freeport S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Abbeville Co.

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME OF MOTHER Atta Nixon

(15) PRESENT POSTOFFICE OF MOTHER Freeport S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Abbeville Co.

(19) OCCUPATION Farming Domestic

(20) 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 10:45 A. M., on the date above stated. (Born alive or stillborn) (Hour As M. or P. M.)

(23) (Signature) J. W. Williams  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Freeport S.C.

Given name added from a supplemental report

101

Registrar

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

(27) Filed April 10 1923 (28) James H. H. H. 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.

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.

N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER N. No. 2, etc., in question 2.