

(1) PLACE OF BIRTH

County of Abbeville

Township of Donald

or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only
5802

Registration District No. 105 Registered No. 23
(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 Jenivere Atta Freeman If child is not yet named, make supplemental report as directed

BOY OR GIRL?
Girl

(4) Twin or triplet?
(5) Number in order of birth 3rd
To be answered only in event of twins or triplets

(6) Are Parents Married?
Yes

(7) DATE OF BIRTH 3-28-23
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME John Henry Freeman

(14) NAME AND MARRIAGE STATUS Atta Nixon

(9) PRESENT POSTOFFICE OF FATHER Homey Path S.C.

(15) PRESENT POSTOFFICE OF MOTHER Homey Path S.C.

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

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

(12) BIRTHPLACE Abbeville Co.

(18) BIRTHPLACE Abbeville Co.

(13) OCCUPATION Farming

(19) OCCUPATION Farming Domestic

(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 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 Homey Path 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 April 10 1923 (28) Lucile Humphreys 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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A.B.—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.