

MARGIN RESERVED FOR INDEXING.
 WRITE PLAINLY, WITH 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 8.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

County of Abbeville Co
 Township of Burton
 Inc. Town of ...
 City of ...

Registration District No. 104 Registered No. 46
 (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 Candice S. Sudds (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD Boy (4) Type or Token ... (5) Number in order of birth ... (6) DATE OF BIRTH Oct 9 1923
 (Name of Month) (Day) (Year)

FATHER.

(7) FULL NAME James Neal
 (8) PRESENT OCCUPATION OF FATHER ...
 (9) COLOR OF FATHER Black (11) AGE AT LAST BIRTHDAY 24
 (12) BIRTHPLACE Abbeville Co
 (13) OCCUPATION ...

MOTHER.

(14) NAME BEFORE MARRIAGE Pauline Sudds
 (15) PRESENT OCCUPATION OF MOTHER ...
 (16) COLOR OF MOTHER Black (17) AGE AT LAST BIRTHDAY 24
 (18) BIRTHPLACE Abbeville Co
 (19) OCCUPATION ...

(20) Number of children born to mother, including present birth 1 (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 born alive or stillborn on the date above stated.

(23) (Signature) Charlotte Williams
 (24) Place where born, including street or house number ... (25) Address of Physician or Midwife ...

Given under my hand and seal of office this 10th day of October 1923.

Witness ... (Signature of Witness necessary only when question 22 is signed by mark)

FILED ... OCT 10 1923

When child is born, the physician, nurse, or other person attending the birth should make this return. If a child is stillborn, a report is desired of stillbirth.