

## (1) PLACE OF BIRTH

County of .....

Township of .....

Inc. Town of .....  
or

City of ..... (No. ....)

(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

273

Registration District No. 400 Registered No. 8

(For use of Local Registrar)

2) Full Name of Child Learne Abbott If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH 11 7 23

(To be answered only in case of twins or triplets)

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Willie Brown

(9) PRESENT POSTOFFICE OF FATHER

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

(12) BIRTHPLACE

(13) OCCUPATION Driver(14) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Lear Abbott

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE

(19) OCCUPATION Teacher(20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(21) I hereby certify that I attended the birth of this child, who was born at 11 P M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) E. J. ...

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

(25) Name added from a supplemental report

101...

Registrar

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

(27) Filed 21 101... (28) John Cooner 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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