

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.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 3.

McCaw of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH
 County of Abbeville
 Township of
 OR
 Inc. Town of
 OR
 City of Abbeville

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

Registration District No. 19

File No.—For State Registrar Only

5576Registered No. 24
(For use of Local Registrar)

(No. Brook St.; 3 Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Bufus Norman Sorrow

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

3) BOY OR GIRL? <u>Boy</u>	4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	5) Number in order of birth	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Mon. 26 1923</u> (Name of Month) (Day) (Year)
FATHER.				MOTHER.
8) FULL NAME <u>Fletcher D. Sorrow</u>				14) NAME BEFORE MARRIAGE <u>Nellie Normon</u>
9) PRESENT POSTOFFICE OF FATHER <u>Abbeville 3.C.</u>				15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville 3.C.</u>
10) COLOR OR RACE <u>White</u>	11) AGE AT LAST BIRTHDAY <u>33</u> (Years)	16) COLOR OR RACE <u>White</u>	17) AGE AT LAST BIRTHDAY <u>31</u> (Years)	18) BIRTHPLACE
12) BIRTHPLACE <u>Oglethorpe Co. Ga.</u>	19) OCCUPATION <u>Minster</u>			
20) Number of children born to mother, including present birth <u>8</u>				21) Number of children of this mother now living, including present birth <u>4</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 6 P. M., on the date above stated. (Born alive or stillborn (Hour A. M. or P. M.))

(23) (Signature) C.C. Gambrell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed April 3 1923 at Abbeville 3.C. 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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