

## (1) PLACE OF BIRTH

County of JasperTownship of Crossland

or

Inc. Town of .....

or

City of .....

(No. .... St.; .... Ward)  
(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

19074

Registration District No. 7600Registered No. 48  
(For use of Local Registrar)

## (2) Full Name of Child

Abraham Polite

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

June 18<sup>th</sup> 1907  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

John Polite

(9) PRESENT POSTOFFICE OF FATHER

Ridgeland S.C.

(10) COLOR OR RACE

Col.

(11) AGE AT LAST BIRTHDAY

46  
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming

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

Self

(14) NAME BEFORE MARRIAGE

Rose Frazier

(15) PRESENT POSTOFFICE OF MOTHER

Ridgeland S.C.

(16) COLOR OR RACE

Col.

(17) AGE AT LAST BIRTHDAY

43  
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House wife

(21) Number of children of this mother now living, including present birth

Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was .....

Born alive or stillborn at 7-9 P.M.,  
(Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature)

(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

7/1 1907

(28)

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.