

Form No. 1

## (1) PLACE OF BIRTH

County of AbbevilleTownship of Abbeville

OF

Inc. Town of Abbeville

OF

City of Abbeville

(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

5588

Registration District No. 10Registered No. 1

(For use of Local Registrar)

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

## (2) Full Name of Child

Jessie L. L. L.

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

(3) BOY OR GIRL girl

(4) Twin or Triplet?

(5) Number in order of birth 3(6) Are Parents Married? yes

(7) DATE OF

BIRTH Mar 14 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

George L.

(9) PRESENT POSTOFFICE OF FATHER

Abbeville

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

3  
(Years)

(12) BIRTHPLACE

Abbeville

(13) OCCUPATION

Farmer

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

3

## MOTHER.

(14) NAME BEFORE MARRIAGE

Jessie L. L.

(15) PRESENT POSTOFFICE OF MOTHER

Abbeville

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

20  
(Years)

(18) BIRTHPLACE

Abbeville

(19) OCCUPATION

Housewife

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

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12 A.M., on the date above stated. (Born alive or stillborn: (Hour A. M. or P. M.))(23) (Signature) Jessie L. L.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Abbeville, 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 Mar 12 1923(28) Jessie L. L.

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.

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 2.