

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43254

## (1) PLACE OF BIRTH

County of Laurens  
Township of Dial  
or  
Inc. Town of.....  
or  
City of.....

Registration District No. 2901

Registered No. 125  
(For use of Local Registrar)

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

## (2) Full Name of Child

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? Yes (7) DATE OF BIRTH 10/11/22  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Charles Abrows  
(9) PRESENT POSTOFFICE OF FATHER Gray Court SC  
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 24  
(Years)  
(12) BIRTHPLACE Laurens Co SC  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth {

MOTHER.  
(14) NAME BEFORE MARRIAGE Gennie Lee Irby  
(15) PRESENT POSTOFFICE OF MOTHER Gray Court SC  
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 23  
(Years)  
(18) BIRTHPLACE Laurens Co SC  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth {

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was White at 3 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. T. Pace

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Gray Court

Given name added from a supplemental report

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

(27) Filed Jan 6 1923 (28) H. T. Pace 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.

WHEN PLAINLY, WITH UNFADING 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 5.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.