

(1) PLACE OF BIRTH

County of Abbeville
 Township of Abbeville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

5

Inc. Town of Registration District No. 1-9 Registered No. 65
 or
 City of Abbeville (No. 32 Maple 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 Elizabeth Profit Woolbright child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan. 9

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Elizah Profit Woolbright(9) PRESENT POSTOFFICE OF FATHER Abbeville, S.C.(10) COLOR white (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Abbeville, Co., S.C.(13) OCCUPATION Mill Work(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Ethel Mag Brown(15) PRESENT POSTOFFICE OF MOTHER Abbeville, S.C.(16) COLOR white (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Abbeville, Co., S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 3 1/2 years at 3 1/2 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. A. Woolbright(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 22 is signed by mark)

(27) Filed Jan. 12, 1922 (28) W. A. Woolbright 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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