

RECORD. 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.

(1) PLACE OF BIRTH

County of Abbeville  
Township of 1st  
or  
Inc. Town of.....  
or  
City of.....

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

41073

Registration District No. 703

Registered No. 796  
(For use of Local Registrar)

(2) Full Name of Child

John Arthur Jr.

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

(3) BOY OR GIRL Bo

(4) Twin or Triplet? Yes  
To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Dec 26, 22  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Arthur

(9) PRESENT POSTOFFICE OF FATHER

Abbeville SC

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

20  
(Years)

(12) BIRTHPLACE

Abbeville

(13) OCCUPATION

Farming

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Tucker

(15) PRESENT POSTOFFICE OF MOTHER

Abbeville

(16) COLOR OR RACE

Colored

(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 glad at 3 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. H. H. H.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Abbeville

Given name added from a supplemental report

(26) Witness

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

(27) Filed

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(28)

B. M. Barron  
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.