

(1) PLACE OF BIRTH

County of SpartanburgTownship of Spartanburgor
In Town of Spartanburgor
City of Spartanburg

(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

37780

Registration District No. 4008 Registered No. 376

(For use of Local Registrar)

2) Full Name of Child Andrey Eugene Abbecon If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 11 1924</u> (Name of Month) (Day) (Year)
FATHER		MOTHER		
(8) FULL NAME <u>Andrey Eugene Abbecon</u>		(14) NAME BEFORE MARRIAGE <u>Gertrude Bernette</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Fair Forest R. 1</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Fair Forest R. 1</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>15</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>17</u> (Years)	
(12) BIRTHPLACE <u>Spartanburg</u>		(18) BIRTHPLACE <u>Spartanburg</u>		
(13) OCCUPATION <u>Student</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born as born on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. H. Chapman(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Whitney St

When name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Date Nov 26 1924 (28) Name Mrs. C. F. Parker (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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