

(1) PLACE OF BIRTH

County of Anderson
 Township of Low
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

22545

Registration District No. H.C. Registered No. 101
 (For use of Local Registrar)

City of (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

(1) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>July 20, 1923</u> (Day) (Month) (Year)
FATHER.			MOTHER.	
(8) FULL NAME	(14) NAME BEFORE MARRIAGE	<u>Lillian M. Abbe</u>		
(9) PRESENT POST OFFICE OF FATHER	(15) PRESENT POST OFFICE OF MOTHER	<u>Sumner St.</u>		
(10) COLOR OR RACE	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY	<u>16</u>	
(11) BIRTHPLACE	(18) BIRTHPLACE	<u>Stacy Co. St.</u>		
(12) OCCUPATION	(19) OCCUPATION	<u>homemaker</u>		
(20) Number of children born to mother, including present birth	(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 alive at TP on the date above stated. (Born alive or stillborn) (Hour) (M.) (P.M.)

(23) (Signature) E. C. Johnson
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife Sumner St.

Given name added from a supplemental report

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

(27) Filed Aug 1, 1923 (28) E. C. Johnson 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.