

FORM NO. 3

(1) PLACE OF BIRTH

County of Harry

Township of Bayboro

Inc. Town of _____
or _____

City of _____ (No. _____ St.; _____ Ward)
(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

90321

Registration District No. 2500 Registered No. 213
(For use of Local Registrar)

(2) Full Name of Child Brontee Rabon If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married yes (7) DATE BIRTH Dec. 14, 1914
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W M Rabon

(9) PRESENT POSTOFFICE OF FATHER Allen S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 39
(Years)

(12) BIRTHPLACE Harry Co

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE L J Rabon

(15) PRESENT POSTOFFICE OF MOTHER Allen S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34
(Years)

(18) BIRTHPLACE Harry Co

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sh. G. Alford

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Bayboro S.C.

Given name added from a supplemental report

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Registrar

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

(27) FILE Dec 18, 1914 (28) J. W. General
Local Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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.

McCaw, of Columbia.

*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.