

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY. 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 4

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Barnwell</u>		STATE OF SOUTH CAROLINA		44402	
Township of <u>Barnwell</u>		Bureau of Vital Statistics			
Inc. Town of <u>Barnwell</u>		State Board of Health			
City of <u>Barnwell</u>		Registration District No. <u>60</u>		Registered No. <u>13</u>	
(No. St.; Ward)		(For use of Local Registrar)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>David Abramson</u> If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>No</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 19 1923</u> (Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Isaac Myron</u>			(14) NAME BEFORE MARRIAGE <u>Iva Tony</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Barnwell S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Barnwell S.C.</u>		
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Year)	(16) COLOR OR RACE <u>White</u>		(17) AGE AT LAST BIRTHDAY <u>26</u> (Year)	
(12) BIRTHPLACE <u>Barnwell S.C.</u>		(18) BIRTHPLACE <u>Hartsville S.C.</u>			
(13) OCCUPATION <u>Electrician</u>		(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>12</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 <u>2 1/2</u> at <u>9</u> A.M., on the date above stated. (Born alive or stillborn) (Hour, A.M. or P.M.)					
(23) (Signature) <u>Timothy M. H.</u>		(25) Address of Physician or Midwife			
(24) State whether Physician or Midwife					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
..... 19		(27) Filed <u>4</u> <u>5</u> 19 <u>24</u> (28) <u>Timothy M. H.</u> Registrar			
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.					
*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.					