

Form No. 1

(1) PLACE OF BIRTH

County of GreenvilleTownship of Austinor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

21152

Registration District No. 2200 Registered No. 91
(For use of Local Registrar)(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 Frank Abraham If child is not yet named, make supplemental report as directed

3. BOY OR GIRL? <u>13</u>	4. Twin or Triplet? <u>To be answered only in event of Twin or Triplet</u>	5. Number in order of birth	6. Are Parents Married? <u>Yes</u>	7. DATE OF BIRTH <u>July 2, 1928</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8. FULL NAME <u>Eugene Abraham</u>			14. NAME BEFORE MARRIAGE <u>Catherine Fuller</u>	
9. PRESENT POSTOFFICE OF FATHER <u>Simpsonville</u>			15. PRESENT POSTOFFICE OF MOTHER <u>Simpsonville</u>	
10. COLOR OR RACE <u>13</u>	11. AGE AT LAST BIRTHDAY <u>30</u> (Years)	16. COLOR OR RACE <u>W</u>	17. AGE AT LAST BIRTHDAY <u>27</u> (Years)	18. BIRTHPLACE <u>S.C.</u>
12. BIRTHPLACE <u>S.C.</u>			19. OCCUPATION <u>House & farm work</u>	
13. OCCUPATION <u>Farming</u>			20. Number of children of this mother now living, including present birth <u>6</u>	
21. Number of children of this mother now living, including present birth <u>6</u>			22. Number of children of this mother now living, including present birth <u>5</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

Given name added from a supplemental report

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

(27) Filed Aug 15, 1928 (28) L. L. Richardson 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.