

(1) PLACE OF BIRTH

County of Abbeville

Township of

or

Inc. Town of

or

City of Abbeville

(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 Wt. Kamel

File No.—For State Registrar Only

36863

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1A Registered No. 118

(For use of Local Registrar)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? No (7) DATE OF BIRTH Nov 5 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Don't Know(9) PRESENT POSTOFFICE OF FATHER Don't Know(10) COLOR OR RACE Don't Know (11) AGE AT LAST BIRTHDAY Don't Know (Years)(12) BIRTHPLACE Don't Know(13) OCCUPATION Don't Know(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Sara Teller(15) PRESENT POSTOFFICE OF MOTHER Abbeville S C(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Abbeville S.C(19) OCCUPATION Cooking(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 born alive at 8 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Victoria M. W. W. W.(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Abbeville S.C

Given name added from a supplemental report

(26) Witness Mrs. Julia McAllister (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Nov 15 1922 (28) Mrs. Julia McAllister 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.

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.