

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH LEADING INK—THIS IS A PERMANENT RECORD.
S. 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 1.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Abbeville</u>		STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		12524	
Township of		Registration District No. <u>1A</u>		Registered No. <u>45</u>	
Inc. Town of				(For use of Local Registrar)	
City of <u>Abbeville</u>		(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 <u>Robert Franklin Poole</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>May 19 1923</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Robert Franklin Poole</u>			(14) NAME BEFORE MARRIAGE <u>Sara Margaret Bradley</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>New Brunswick N.J.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>New Brunswick N.J.</u>		
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>		
(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)		
(12) BIRTHPLACE <u>Gray Court, S. C.</u>			(18) BIRTHPLACE <u>Abbeville, S. C.</u>		
(13) OCCUPATION <u>Professor</u>			(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth <u>1</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>Born alive</u> at <u>2:30 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)					
(23) (Signature) <u>J. H. Poole</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Phys. or Midwife <u>Abbeville, S. C.</u>					
(26) Witness					
(27) Filed <u>May 22 1923</u> (28) <u>J. H. Poole</u> 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 OF COLUMBIA, COLUMBIA, S. C.