

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 8.

<p>(1) PLACE OF BIRTH</p> <p>County of <u>Abbeville</u>.....</p> <p>Township of <u>Abbeville</u>....</p> <p>or</p> <p>Inc. Town of.....</p> <p>or</p> <p>City of .....</p> <p>(If birth occurs in a hospital or other institution, give name of same instead of street and number.)</p>				<p><b>CERTIFICATE OF BIRTH</b></p> <p>STATE OF SOUTH CAROLINA</p> <p>Bureau of Vital Statistics</p> <p>State Board of Health</p>		<p>File No.—For State Registrar Only</p> <p><b>12535</b></p>
<p>Registration District No. <u>1</u>.....</p>			<p>Registered No. <u>28</u>.....</p> <p>(For use of Local Registrar)</p>			
<p>(2) Full Name of Child <u>John Albert Childs</u>.....</p> <p>(If child is not yet named, make supplemental report as directed)</p>			<p>(No. .... St.; .... Ward)</p>			
<p>(3) BOY OR GIRL <u>Boy</u></p>	<p>(4) Twin or Triplet</p> <p>To be answered only in case of Twins or Triplets</p>	<p>(5) Number in order of birth</p>	<p>(6) Are Parents Married? <u>Yes</u></p>	<p>(7) DATE OF BIRTH <u>May 12 1923</u></p> <p>(Name of Month) (Day) (Year)</p>		
<p><b>FATHER.</b></p> <p>(8) FULL NAME <u>John Childs</u></p> <p>(9) PRESENT POSTOFFICE OF FATHER <u>Abbeville, S. C. R. 48</u></p> <p>(10) COLOR OR RACE <u>White</u></p> <p>(11) AGE AT LAST BIRTHDAY <u>Don't Know</u> (Year)</p> <p>(12) BIRTHPLACE <u>S. C.</u></p> <p>(13) OCCUPATION <u>Farming</u></p> <p>(20) Number of children born to mother, including present birth <u>1</u></p>			<p><b>MOTHER.</b></p> <p>(14) NAME BEFORE MARRIAGE <u>Elizabeth Clinkenscales</u></p> <p>(15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville, S. C. R. 48</u></p> <p>(16) COLOR OR RACE <u>White</u></p> <p>(17) AGE AT LAST BIRTHDAY <u>Don't Know</u> (Year)</p> <p>(18) BIRTHPLACE <u>S. C.</u></p> <p>(19) OCCUPATION <u>Housewife</u></p> <p>(21) Number of children of this mother now living, including present birth <u>1</u></p>			
<p><b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b></p> <p>(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u>..... at <u>1 P. M.</u> on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)</p> <p>(23) (Signature) <u>E. E. Pringle</u></p> <p>(24) State whether Physician or Midwife <u>Midwife</u></p> <p>(25) Address of Phys. or Midwife <u>Abbeville, S. C.</u></p> <p>Given name added from a supplemental report</p> <p>(26) Witness <u>J. E. Pringle</u> (Signature of Witness necessary only when question 23 is signed by mark)</p> <p>(27) Filed <u>May 16 1923</u> (28) <u>J. E. Pringle</u> Local Registrar</p>						

\*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.