

REMOVED FOR READING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FORM EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

Bureau of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <div style="border: 1px solid black; padding: 5px; display: inline-block;">5598</div>	
County of <u>Abbeville</u>		Registration District No. <u>145</u>		Registered No. <u>19</u> (For use of Local Registrar)	
Township of <u>Donahoe</u>					
Inc. Town of		(No. St.; Ward) (If birth occurs in a hospital or other institution, give name and number instead of street and number.)		If child is not yet named, make supplemental report as directed	
City of					
(2) Full Name of Child <u>Norris Lou Rindlbom</u>					
(3) <u>2nd</u> <small>Is born only in event of Twins or Triplets</small>		(4) <u>2</u> <small>Are Parents Married</small>		(5) DATE OF BIRTH <u>Nov 11 28</u> <small>(Name of Month) (Day) (Year)</small>	
FATHER (6) <u>Robert Rindlbom</u> (7) <u>Home Path</u> <small>PRESENT POSTOFFICE OF FATHER</small>			MOTHER (8) <u>Ethel Buck</u> (9) <u>Home Path</u> <small>PRESENT POSTOFFICE OF MOTHER</small>		
(10) COLOR OR RACE <u>negro</u> (11) AGE AT LAST BIRTHDAY <u>28</u> <small>(Years)</small>		(12) COLOR OR RACE <u>negro</u> (13) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>			
(14) BIRTHPLACE <u>Abbeville S.C.</u>		(15) BIRTHPLACE <u>Abbeville S.C.</u>			
(16) OCCUPATION <u>Farming</u>		(17) OCCUPATION <u>Farming</u>			
(18) Number of children born to mother, including present birth <u>2 children</u>		(19) Number of children of this mother now living, including present birth <u>Two</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(20) I hereby certify that I attended the birth of this child, who was <u>born alive or stillborn</u> on the date above stated. (21) <u>7 P.</u> M., (22) <u>Home Path</u> M. or P. M.)					
(23) (Signature) <u>Edith Rindlbom</u>		(24) State whether Physician or Midwife <u>Midwife</u>			
(25) Address of Physician or Midwife					
Given name added from a supplemental report _____ _____ _____, 19____ Registrar		(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>April 10 1923</u> (28) <u>Susan H. H. H. H.</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.

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