

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

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22968

(1) PLACE OF BIRTH

County of Abbeville
Township of Abbeville
or
Inc. Town of _____
or
City of Abbeville
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 1A Registered No. 20
(For use of Local Registrar)
No. Harriett ave. St. 2 Ward

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? Boy (2) Twin or Triplet? _____ (3) Number in order of birth _____ (4) Are Parents Married? yes (5) DATE OF BIRTH Aug. 7 1923
(Name of Month) (Day) (Year)

FATHER

(6) FULL NAME Will Hunter
(7) PRESENT POSTOFFICE OF FATHER Abbeville S.C.
(8) COLOR OR RACE Colored (9) AGE AT LAST BIRTHDAY 40 (Years)
(10) BIRTHPLACE Abbeville S.C.
(11) OCCUPATION Farmer

MOTHER

(12) NAME BEFORE MARRIAGE Harriet Rice
(13) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.
(14) COLOR OR RACE Colored (15) AGE AT LAST BIRTHDAY 35 (Years)
(16) BIRTHPLACE Abbeville S.C.
(17) OCCUPATION Housewife

(18) Number of children born to mother, including present birth 13

(19) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

20. I hereby certify that I attended the birth of this child, who was born alive at 1.30 6 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature) [Signature]
(22) State whether Physician or Midwife Physician (23) Address of Physician or Midwife Abbeville S.C.

Given name added from a supplemental report

(24) Witness

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

(25) Filed Aug 14 1923 Theresa M. Allister 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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SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 3.