

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

County of AndersonTownship of Anderson

or

Inc. Town of

or

City of

Registration District No. 311Registered No. 12
(For use of Local Registrar)

(2) Full Name of Child

Abraham Wakefield

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

(3) SEX OR
CHILD Boy(4) Type
or Type —(5) Whether in
order of birth —(6) Age
at birth 1 yr(7) DATE OF
BIRTH Jan 28 23

(Month of birth) (Day) (Year)

FATHER.

(8) FULL
NAME Amos Wakefield(9) PRESENT
RESIDENCE
OF FATHER Ira St.(10) COLOR
OR
RACE Negro(11) AGE AT LAST
BIRTHDAY 32(12) BIRTHPLACE Anderson Co.(13) OCCUPATION Farmer(14) Number of children born to
mother, including present birth Four

MOTHER.

(14) NAME BEFORE
MARRIAGE Willie Belton(15) PRESENT
RESIDENCE
OF MOTHER Ira St.(16) COLOR
OR
RACE Negro(17) AGE AT LAST
BIRTHDAY 33(18) BIRTHPLACE Anderson Co.(19) OCCUPATION House Wkr.(20) Number of children of this mother
now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born 328 M.,
on the date above stated. (Mark as stillborn) (Bear A. M. or P. M.)(22) (Signature) Geo. C. H. H. H.(23) State whether Physician or Midwife Physician(24) Address of Physician or Midwife Ira St.Given name added from a supplement-
tal report(25) Witness (Signature of Witness necessary only
when question 23 is signed by mark)(26) SIGNATURE Ma 8 23 (27) L. R. F. & D.*When there was no attending physician or midwife, then the father, householder, etc., should make the report.
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.*When there was no attending physician or midwife, then the father, householder, etc., should make the report.
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before the fifth month of pregnancy.

REMARKS: THIS IS A PERMANENT RECORD. WHEN CHANGING THE NAME OF A CHILD, USE A SEPARATE BLANK FOR EACH CHILD. AND MARK THE
 N. B.—In case of TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD. AND MARK THE
 FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 1.