

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

File No.—For State Registrar Only

91581

Registered No.

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Bertha Rabon If child is not yet named, make supplemental report as directed

(3) GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 27, 1916  
(Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Harry Rabon (9) PRESENT POSTOFFICE OF FATHER Blythe wood, S.C. (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 32 (12) BIRTHPLACE Richland Co. S.C. (13) OCCUPATION Farmer (20) Number of children born to mother, including present birth 4

MOTHER. (14) NAME BEFORE MARRIAGE Sarah Turnpseed (15) PRESENT POSTOFFICE OF MOTHER Blythe wood, S.C. (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 34 (18) BIRTHPLACE Richland Co. S.C. (19) OCCUPATION Housewife (21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive 79 at 79 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether

or Midwife

(25) Signature of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

(28)

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.