

(1) PLACE OF BIRTH  
 County of Flambee  
 Township of Lake  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (if birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only  
**52186**

Registration District No. 2119 Registered No. 18  
 (For use of Local Registrar)

(2) Full Name of Child Mary Ethelene Abrams { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet?  (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov-3-16  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME W. Liston Abrams  
 (9) PRESENT POSTOFFICE OF FATHER Vox, S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)  
 (12) BIRTHPLACE Lex, S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth { 2

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Anna C. Eaddy  
 (15) PRESENT POSTOFFICE OF MOTHER Vox, S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40 (Years)  
 (18) BIRTHPLACE Vox, S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth { 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Alive at 5:30 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. L. Cook  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Phys | Johnsonville, S.C.

Given name added from a supplemental report  
 \_\_\_\_\_, 191\_\_\_\_  
 \_\_\_\_\_  
 Registrar

(26) Witness \_\_\_\_\_  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 3/13-16 (28) R. L. Carter 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.

a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

REGISTRATION DISTRICTS ARE ESTABLISHED BY THE STATE BOARD OF HEALTH. THE BUREAU OF VITAL STATISTICS HAS BEEN A SEPARATE BUREAU SINCE 1911. IN CASE OF TWINS OR TRIPLETS, THE SEPARATE BLANKS FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, ETC., IN QUESTION 5.