

## (1) PLACE OF BIRTH

County of *Abbeville*  
Township of *Abbeville*

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

20778

Inc. Town of ..... Registration District No. *104* ..... Registered No. *52*  
(For use of Local Registrar)City of ..... (No. .... St. .... Ward)  
(if birth occurs in a hospital or other institution, give name of same instead of street and number.)2) Full Name of Child *Allen Henry* ..... 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 (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Sept. 19*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Henry Henry*(9) PRESENT POSTOFFICE OF FATHER *Abbeville S.C. R.F.D.*(10) COLOR OR RACE *Blk* (11) AGE AT LAST BIRTHDAY *21*  
(Years)(12) BIRTHPLACE *S C*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *2*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Annie Washington*(15) PRESENT POSTOFFICE OF MOTHER *Abbeville S.C. R.F.D.*(16) COLOR OR RACE *Blk* (17) AGE AT LAST BIRTHDAY *20*  
(Years)(18) BIRTHPLACE *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 *born alive* ..... M.  
on the date above stated. (Hour A. M. or P. M.)(23) (Signature) *Wm. L. Christy*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

(Given name added from a supplemental report)

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Registrar

(26) Witness *J. G. Prerob*  
(Signature of Witness necessary only when question 23 is signed by mark)(27) *J. G. Prerob* (28) *J. G. Prerob*  
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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