

(1) PLACE OF BIRTH

County Anderson

Township of

or
Inc. Town ofCity of Anderson

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

(2) Full Name of Child Abraham L. Pickens

No. 12.—For State Registrar Only

12736

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 3 ARegistered No. 157
(For use of Local Registrar)

St. () Ward ()

If child is not yet named, make
supplemental report as directed(3) SEX MALE (4) Type or Mark yz (5) Date of Birth May 2, 1923
(Name of Month) (Day) (Year)FATHER.
(6) Full Name L. D. Pickens
(7) Present Postoffice of Father Anderson, S. C.
(8) Color or Race white (9) Age at Last Birthday 42
(10) Birthplace Hart Co. Ga.
(11) Occupation mill operative
(12) Number of children born to mother, including present birth 7MOTHER.
(13) Name before Marriage Beasia Rhodes
(14) Present Postoffice of Mother Anderson, S. C.
(15) Color or Race white (16) Age at Last Birthday 36
(17) Birthplace Hart Co. Ga.
(18) Occupation Domestic
(19) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was alive at 11 M., on the date above stated. (Hour) (M. or P. M.)(21) (Signature) J. J. Anderson

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

Given name added from a supplemental report

(24) Witness

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

J. B. CRAYTON,

(25) Signed

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(26) Local Registrar

ANDERSON, S. C.

When there was no attending physician or midwife, then the father, householder, or other person, 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 Supplementary report

Address 24 menFiled 19

Registrar