

(1) PLACE OF BIRTH

County of OrangeburgTownship of Orangeor
Inc. Town ofor
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 Lynwood Adams Kabe If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>✓</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct 2 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME E. S. Raton(9) PRESENT POSTOFFICE OF FATHER Orangeburg, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Year)(12) BIRTHPLACE U.S.(13) OCCUPATION R.R. Trainman(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Gladys Boyard(15) PRESENT POSTOFFICE OF MOTHER Orangeburg, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Year)(18) BIRTHPLACE U.S.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. T. Heaver(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Orangeburg, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Oct 26 1922(28) Local Registrar A. L. Farley

*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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CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

35984

Registration District No. 36.13 Registered No. 747
(For use of Local Registrar)

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark as FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McGAW OF COLUMBIA, COLUMBIA, S. C.