

Form No. 1.

(1) PLACE OF BIRTH

County of Lee

Township of Chonia

or
Inc. Town of

or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

45753

Registration District No. 3005

Registered No. 2

(For use of Local Registrar)

(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 Jimmie Abramham

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH Jan. 30, 1916

To be answered only in case of twins or triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Curmon Abramham

(9) PRESENT POSTOFFICE OF FATHER Camden S.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION farmer

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Louise Abramson

(15) PRESENT POSTOFFICE OF MOTHER Camden S.C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION housewife

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) 6 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Edwin Mark Brunson

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

Trilbyville Camden S.C.

Given name added from a supplemental report

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

(27) Filed Jan 3, 1916 (28) J. J. Corbitt Local Registrar

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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1, THE OTHER, No. 2, etc., in question 3.
McCam of Columbia.