

(1) PLACE OF BIRTH

County of Calhoun
Township of Iron Grove
or
Inc. Town of Iron Grove
OF
City of _____ (No. _____ St. _____ Ward _____)

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

10205

Registration District No. 803

Registered No. 38
(For use of Local Registrar)

(2) Full Name of Child Abraham H. H. H.

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

(3) BOY OR GIRL — (4) Twin or Triplet? — (5) Number in order of birth 7 (6) Are Parents Married? yes (7) DATE OF BIRTH April 13, 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Abraham H. H.
(9) PRESENT POSTOFFICE OF FATHER 5 Mont St
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 38
(12) BIRTHPLACE S.C.
(13) OCCUPATION farmer
(14) Number of children born to father, including present birth 7

MOTHER

(14) NAME BEFORE MARRIAGE Hattie Jackson
(15) PRESENT POSTOFFICE OF MOTHER 75 Mont St
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 38
(18) BIRTHPLACE S.C.
(19) OCCUPATION Wife
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11:00 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Williams (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from supplemental report

(26) Witness Mrs. J. D. Stordennire
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Apr 20 1922 (28) J. D. Stordennire Local Registrar

*When there was no attending physician or midwife, then the father, householder, or other person 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.