

WRITE PLAINLY, WITH EXPANDING INK—THIS IS A PERMANENT RECORD
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
 FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 8

(1) PLACE OF BIRTH

County of Richland
 Township of Columbia
 Inc. Town of
 City of

CERTIFICATE OF BIRTH

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

No. — For State Registrar Only
5025

Registration District No. 38⁶ Registered No. 108
 (For use of Local Registrar)
 (No. 2713 W. Washington Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Benjamin A. Abner (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL Girl 4) Twin or Triplet To be answered only in case of Twin or Triplet 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH Feb 17 1923
 (Name of Month) (Day) (Year)

8) FULL NAME BENJAMIN A. Abner 9) PRESENT POSTOFFICE OF FATHER Edgewood po. 10) COLOR OR RACE Colored 11) AGE AT LAST BIRTHDAY 30 X
 FATHER. MOTHER.

12) BIRTHPLACE 13) OCCUPATION Carpenter X 14) NAME BEFORE MARRIAGE Mollie Williams 15) PRESENT POSTOFFICE OF MOTHER Edgewood 16) COLOR OR RACE Colored 17) AGE AT LAST BIRTHDAY 27 X
 18) BIRTHPLACE 19) OCCUPATION Domestic X

20) Number of children born to mother, including present birth Three 21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5 P. M. on the date above stated. (Born alive or stillborn: (Hour A. M. or P. M.))

(23) (Signature) Mary Harroll (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Edgewood po

Given name added from a supplemental report

(26) Witness Philas Sizoo (Signature of Witness necessary only when question 23 is signed by male)

(27) Filed Feb. 27 1923 (28) A. J. Shaw 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.