

(1) PLACE OF BIRTH

County of Abbeville
Township of

CERTIFICATE OF BIRTH
STATE OF S.C. **CAROLINA**
Bureau of Vital Statistics
State Board of Health

No. 3812

Inc. Town of Registration District No. 1 A Registered No. 1000
(For use of Local Health Officer)
City of Abbeville (No. Harrisburg St.
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child L. B. Bassora } If child is not yet named, make supplemental report as directed

3) SEX OR CHILD? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 14 1919
(Name of Month) (Day) (Year)

FATHER.
1) FULL NAME L. B. Bassora
2) PRESENT RESIDENCE OF FATHER Abbeville S.C.
3) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 24 (Years)
4) BIRTHPLACE Abbeville S.C.
5) OCCUPATION Public work
6) Number of children born to mother, including present birth 3

MOTHER.
7) NAME BEFORE MARRIAGE Mary Willis
8) PRESENT RESIDENCE OF MOTHER Abbeville S.C.
9) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 29 (Years)
10) BIRTHPLACE South Carolina
11) OCCUPATION Housekeeping
12) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

13) I hereby certify that I attended the birth of this child, who was born alive S. P. M.,
on the date above stated. (Born alive or stillborn) (How M. or P. M.)

(14) (Signature) Victoria Wardlaw
(15) State whether Physician or Midwife (16) Address of Physician or Midwife
Midwife Abbeville S.C.

If name added from a supplemental report
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Registrar

(18) Witness Miss Julia McAllister
(Signature of Witness necessary only when question 13 is signed by mark)
(19) Filed Dec 15 1919 (20) Miss Julia McAllister
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.

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