

(1) PLACE OF BIRTH
 County of Greenville
 Township of Durbin
 or
 Inc. Town of
 or
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No. — For State Registrar Only

56028

Registration District No. 1200 Registered No. 200
 (For use of Local Registrar)
 If child is not yet named, make supplemental report as directed.

(2) Full Name of Child Donald Bruce Abraham

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Apr. 15, 1924</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>John Abraham</u>			(14) NAME BEFORE MARRIAGE <u>John Black</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville, S.C. R.D. #4</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville, S.C. R.D. #4</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
(12) BIRTHPLACE <u>Alabama</u>			(18) BIRTHPLACE <u>Alabama</u>	
(13) OCCUPATION <u>Day Laborer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth { <u>6</u>			(21) Number of children of this mother now living, including present birth { <u>6</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 a.m. on the date above stated.
 (Boy, alive or stillborn) (Hour, A. M. or P.)

(23) (Signature) D. B. Black

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name signed from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mother)

(27) Date

(28) Signature

*When there is no attending physician or midwife, the mother, upon delivery, etc., should make this return. If a child becomes even once, it must not be regarded as stillborn. No report is desired of stillbirths before the eighth month of pregnancy.

MARGIN RESERVED FOR INDEXING.

WHITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 S. R.—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 2.

McCaig, of Columbia