

(1) PLACE OF BIRTH

County of NewberryTownship of No. 1CR
Inc. Town of
CR

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

39506

Registration District No. 3408 Registered No. 75
(For use of Local Registrar)City of No. St.; No. Ward
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Elaine Olive Abney } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 11, 22
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME David Bird Abney(9) PRESENT POSTOFFICE OF FATHER Newberry S.C.(10) COLOR OR RACE Wht (11) AGE AT LAST BIRTHDAY 33 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Colors Mill op(14) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Roxella Healy(15) PRESENT POSTOFFICE OF MOTHER Newberry S.C.(16) COLOR OR RACE Wht (17) AGE AT LAST BIRTHDAY 36 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hear A. M. or P. M.)
on the date above stated.(22) (Signature) J. M. Healy(23) State whether Physician or Midwife (24) Address of Physician or Midwife Newberry S.C.

Given name added from a supplemental report

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Registrar

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed Dec 9, 1922 (27) S. L. Cunningham 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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