

FORM NO. 7
 MARGIN RESERVED FOR BINDING USE
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. H.—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 6.

(1) PLACE OF BIRTH
 County of **Abbeville**
 Township of
 or
 Inc. Town of
 or
 City of **Abbeville** (No. **69 Mill**)
 (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
13329

Registration District No. **19** Registered No. **49**
 (For use of Local Registrar)
 St. **3rd** Ward

(2) Full Name of Child **Not Named** If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married Yes	(7) DATE OF BIRTH May 13 2 (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME **Frank Coy McCurry**

(9) PRESENT POSTOFFICE OF FATHER **Abbeville S.C.**

(10) COLOR OR RACE **White** (11) AGE AT LAST BIRTHDAY **24** (Years)

(12) BIRTHPLACE **Anderson S.C.**

(13) OCCUPATION **Mill Work**

(14) Number of children born to mother, including present birth **1**

MOTHER.

(14) NAME BEFORE MARRIAGE **Isabelle Tynner**

(15) PRESENT POSTOFFICE OF MOTHER **Abbeville S.C.**

(16) COLOR OR RACE **White** (17) AGE AT LAST BIRTHDAY **20** (Years)

(18) BIRTHPLACE **Hart Co. Ga.**

(19) OCCUPATION **Housewife**

(21) Number of children of this mother now living, including present birth **1**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **Alive** at **12** P.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) **C. C. Gambrell**

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Abbeville S.C.

Given name added from a supplemental report **191**

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

(27) Filed **May 17 1922** (28) **Julia Wallister** 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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