

(1) PLACE OF BIRTH

County of Spartanburg
Township of Spartanburg
or
Inc. Town of
or
City of Spartanburg

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Melissa Catherine Mcabee

File No.—For State Registrar Only
20261

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

Registration District No. 4008 Registered No. 187
(For use of Local Registrar)

(No. R1 St.; Ward)

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 June 10, 1922
(Give of Month, Day, Year)

FATHER.

8 FULL NAME Haze Mcabee
9 PRESENT POSTOFFICE OF FATHER Spartanburg R1 SC
10 COLOR OR RACE white 11 AGE AT LAST BIRTHDAY 48
(Years) 12 BIRTHPLACE SC
13 OCCUPATION Farmer

20 Number of children born to mother, including present birth 13

MOTHER.

14 NAME BEFORE MARRIAGE Jessie Scruggs
15 PRESENT POSTOFFICE OF MOTHER Spartanburg R1 SC
16 COLOR OR RACE white 17 AGE AT LAST BIRTHDAY 42
(Years) 18 BIRTHPLACE SC
19 OCCUPATION Housewife

21 Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Chapman

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife 10 Highway S. C.

Given name added from a supplemental report

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

(27) Filed 7-1-1922 (28) E. J. Parker 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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