

## (1) PLACE OF BIRTH

County of Abbeville  
Township of AbbevilleInc. Town of Abbeville  
City of Abbeville  
(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 HealthNo. 8043 For Day Register OnlyRegistration District No. 1A Registered No. 33  
(For use of Local Registrar)  
(No. 23 Brook St. 7 Ward 7)(2) Full Name of Child. Not named { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? None (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH April 26 1903  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Geo. Lester Mace  
(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.(10) COLOR OR RACE W- (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Georgetown(13) OCCUPATION Milk operator(14) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Miss Lee Norrish(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.(16) COLOR OR RACE W- (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Greenwood Geo. S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive as 9:30 a. M. 3 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Mace(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Abbeville 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 May 14 1903 (28) Miss Julia M. Allister 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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