

Section of Columbia, Columbia, S. C.
FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Cherokee
Township of Englewood
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

Registration District No. 1.P.A.1 Registered No. 68
(For use of Local Registrar)

No. St. Ward)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in case of Twin or Triplet (5) Number in order of birth 3 (6) Are Parents Married Yes (7) DATE OF BIRTH Sept. 17, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thomas Elijah Mabry
(9) PRESENT POSTOFFICE OF FATHER Gaffney S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 46 (Year)
(12) BIRTHPLACE Union Co. S.C.
(13) OCCUPATION Farming
(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Bernice Willis
(15) PRESENT POSTOFFICE OF MOTHER Gaffney S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 39 (Year)
(18) BIRTHPLACE Startenburg Co. S.C.
(19) OCCUPATION Housewife
(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) J. B. Gaffney M.D.
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Gaffney S.C.

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

(27) Filed Nov. 8, 1923 (28) M. J. Harris
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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