

(1) PLACE OF BIRTH

County of CherokeeTownship of 11or  
Inc. Town ofor  
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

File No.—For State Registrar Only

88965

Registration District No. 1102 Registered No. 97

(For use of Local Registrar)

St. 1 Ward 1(2) Full Name of Child William 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 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Nov. 29 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

S. R. McAbble

(9) PRESENT POSTOFFICE OF FATHER

Purpore

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

35 (Years)

(12) BIRTHPLACE

Alford Co.

(13) OCCUPATION

Former Merchant

## MOTHER.

(14) NAME BEFORE MARRIAGE

Daisy Brockman

(15) PRESENT POSTOFFICE OF MOTHER

Leizville

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

32 (Years)

(18) BIRTHPLACE

Alford Co.

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

8

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

8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 P. M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) W. M. Sore

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

191...

Registrar

(26) Witness

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

(27) Filed Jan 13 1917

(28)

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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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—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 5.

McGraw-Hill of Columbia.