

## (1) PLACE OF BIRTH

County of Abbeville

Township of .....

or  
Inc. Town of .....City of Abbeville

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

2) Full Name of Child Clyde E Yoder

File No.—For State Registrar Only

6168

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 1 a Registered No. 24

(For use of Local Registrar)

St.; ..... Ward)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>Is answered only in case of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Mo</u> , <u>17</u> , <u>22</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME Clyde E Yoder(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Telegraph OP-(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Helen Alethe Edwards(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)(18) BIRTHPLACE Abbeville S.C(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 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) G. C. Gambrell M.D.

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

Given name added from a supplemental report

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

(27) Filed Mo, 22, 1922 (28) Miss Julia McAllister 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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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 5.

McCauley of Columbia