

MARGIN RESERVED FOR BINDING.  
 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 make the  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Abbeville  
 Township of Abbeville  
 OF  
 Inc. Town of .....  
 OF  
 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 Health

File No. for State Registrar Only  
**12529**

Registration District No. 1a Registered No. 40  
 (For use of Local Registrar)  
 (No. 19 Brook St.; 3rd Ward)

(2) Full Name of Child Nancy Hannah Argo

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

(3) BOY OR GIRL Girl (4) Twin or Triplet To be answered only in case of Twin or Triplet  
 (5) Number in order of birth ..... (6) Are Parents Married Yes  
 (7) DATE OF BIRTH May 20 1923  
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thomas Betton Argo  
 (9) PRESENT POSTOFFICE OF FATHER #19 Brook St. Abbeville, S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39  
 (12) BIRTHPLACE Madison County, Ga.  
 (13) OCCUPATION Mill Operative  
 (14) Number of children born to mother, including present birth Nine

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Emma Foyner  
 (15) PRESENT POSTOFFICE OF MOTHER #19 Brook St. Abbeville, S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 39  
 (18) BIRTHPLACE Franklin County, Ga.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth Nine

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician  
 (25) Address of Physician or Midwife Abbeville, S.C.

Given name added from a supplemental report  
 .....  
 .....  
 ..... 19 ..  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed May 11 1923 (28) Mrs. Julia W. Callie 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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Revised by Columbia, Columbia, S. C.