

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
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 4.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

5572

County of .....

Township of .....

OR  
Inc. Town of .....

OR  
City of Abbeville SC

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

Registration District No. 1.a

Registered No. 23

(For use of Local Registrar)

St.; ..... Ward)

(2) Full Name of Child George Mersa

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 4

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

3-21-23

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

Nick Mersa

(14) NAME BEFORE MARRIAGE

Miss Parakee Ephantina

(9) PRESENT POSTOFFICE OF FATHER

Abbeville SC

(16) PRESENT POSTOFFICE OF MOTHER

Abbeville

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY 36  
(Years)

(18) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY 26  
(Years)

(12) BIRTHPLACE

Sparta Greece

(18) BIRTHPLACE

Synere Turkey

(15) OCCUPATION

Merchant

(19) OCCUPATION

House-wife

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

4

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) J. Hill M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Abbeville SC

Given name added from a supplemental report

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

(27) March 25 1923 (28) Miss Julia Hallister 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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