

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

Section of Statistics, Columbia, S. C.

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of Abbeville S.C.

(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

5572

Registration District No. 1. aRegistered 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.

(8) FULL NAME

Nick Mersa

(9) PRESENT POSTOFFICE OF FATHER

Abbeville SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

36

(Years)

(12) BIRTHPLACE

Sparta Greece

(13) OCCUPATION

Merchant

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Miss Paraskive Efstration

(15) PRESENT POSTOFFICE OF MOTHER

Abbeville

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

26

(Years)

(18) BIRTHPLACE

Symrna Turkey

(19) OCCUPATION

House-wife

(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)

(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 March 25 1923(28) Miss Julia Wallister 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.

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.

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.