

(1) PLACE OF BIRTH

County of Abbeville

Township of

or
Inc. Town ofor
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 William Darragh Purdy child is not yet named, make supplemental report as directed

| | | | | |
|-----------------------------|---|------------------------------|-----------------------------------|--|
| (3) BOY OR GIRL? <u>Boy</u> | (4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u> | (5) Number in order of birth | (6) A Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Dec 27 1922</u> (Name of Month) (Day) (Year) |
|-----------------------------|---|------------------------------|-----------------------------------|--|

FATHER.

(8) FULL NAME Thomas Gray Purdy(9) PRESENT POSTOFFICE OF FATHER Abbeville S C(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE S C(13) OCCUPATION Rail Road Fireman(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Emily Jane McShurin(15) PRESENT POSTOFFICE OF MOTHER Abbeville S C(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE S C(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:20 AM. on this date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. E. Pressley

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

Physician Abbeville S C

Given name added from a supplemental report

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

(27) Filed Dec 27 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.