

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 mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

DEPT. OF COMMERCE, COLUMBIA S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Abbe</u>		STATE OF SOUTH CAROLINA		13355	
Township of <u>Abbe</u>		Bureau of Vital Statistics			
or Inc. Town of <u>Abbe</u>		State Board of Health			
City of <u>Abbe</u>		Registration District No. <u>106</u>		Registered No. <u>29</u>	
(No. <u>106</u>)		St. <u>106</u>		Ward <u>106</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>John William McWhee</u>					
If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <u>Male</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>6</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>11/21/22</u>	
To be answered only in case of Twins or Triplets					
FATHER			MOTHER		
(8) FULL NAME <u>R. R. McWhee</u>			(14) NAME BEFORE MARRIAGE <u>Edna Mary McWhee</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Abbe 10th St 20</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Abbe 10th St 20</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>39</u>			(17) AGE AT LAST BIRTHDAY <u>38</u>		
(12) BIRTHPLACE <u>Abbe G</u>			(18) BIRTHPLACE <u>Abbe G</u>		
(13) OCCUPATION <u>Business</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>6</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>1 P. M.</u> on the date above stated. (Hour A. M. or P. M.)					
(23) (Signature) <u>J. B. Green</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Abbe 10th St 20</u>					
Given name added from a supplemental report					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>Jan 10 1923</u> (28) <u>J. B. Green</u> 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.					