

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, and add the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Abbeville.....
 Township of Abbeville....
 or
 Inc. Town of.....
 or
 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

No. 1a.—For State Registrar Only

31222

Registration District No. Registered No. 195.....
 (For use of Local Registrar)

(No. 37 Maple St.; 3rd Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child MARY GRACE PORTER.....
 (If child is not yet named, make supplemental report as directed)

(3) SEX OR CHILD Girl (4) Type of Infant Is born living in case of Twin or Triple (5) Age of Mother YES (6) DATE OF BIRTH Nov. 24 1923
 (Name of Month) (Day) (Year)

FATHER.

(7) FULL NAME John Anderson Porter
 (8) PRESENT RESIDENCE OF FATHER Abbeville, S. C.
 (9) COLOR OR RACE White (10) AGE AT LAST BIRTHDAY 28 (Year)
 (11) BIRTHPLACE Polk Co. Tenn.
 (12) OCCUPATION Mill Work

MOTHER.

(13) NAME BEFORE MARRIAGE Mamie Walker
 (14) PRESENT RESIDENCE OF MOTHER Abbeville, S. C.
 (15) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 20 (Year)
 (17) BIRTHPLACE Abbeville Co., S. C.
 (18) OCCUPATION Housewife

(19) Number of children born to mother, including present birth 3 (20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was alive at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(22) (Signature) C. C. Gambrell, M. D.
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife Abbeville, S. C.

Given name added from a supplemental report

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

(26) Date Dec. 1, 1923 (27) Signature of Local Registrar J. H. Allister

*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.

At a time previous even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.