

Form No. 1

(1) PLACE OF BIRTH

County of Saluda S.C.Township of 6

or

Inc. Town of 6

or

City of 6

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

(2) Full Name of Child William Abney

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sep. 11 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Asbey Abney

(9) PRESENT POSTOFFICE OF FATHER

Saluda S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

24
(Years)

(12) BIRTHPLACE

Saluda S.C.

(13) OCCUPATION

Farming

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

6

MOTHER.

(14) NAME BEFORE MARRIAGE

Nancy Jones

(15) PRESENT POSTOFFICE OF MOTHER

Saluda S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

27
(Years)

(18) BIRTHPLACE

Saluda S.C.

(19) OCCUPATION

House wife

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 6 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Glassie Coleman(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Saluda S.C.

Given name added from a supplemental report

P. B. Crouch, 19 22
Registrar

(26) Witness

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

(27) Filed Oct 23, 19 22(28) P. B. Crouch
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.

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 5.

Bureau of Columbia, Columbia, S. C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
36342Registration District No. 6 Registered No. 3705
(For use of Local Registrar)(No. 6 St. 6 Ward 6)