

(1) PLACE OF BIRTH

County of Cherokee

Township of

Inc. Town of

City of

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

(2) Full Name of Child Edgar Lee McAbee

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

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet To be answered only in case of Twin or Triplet	5) Number in order of birth <u>10</u>	6) Are Parents Married <u>Yes</u>	7) DATE OF BIRTH <u>Jan 27, 1923</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
8) FULL NAME <u>Smith McAbee</u>			14) NAME BEFORE MARRIAGE <u>Cora Gibson</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Gaffney SC</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Gaffney SC</u>	
10) COLOR OR RACE <u>White</u>			16) COLOR OR RACE <u>White</u>	
11) AGE AT LAST BIRTHDAY <u>46</u> (Years)			17) AGE AT LAST BIRTHDAY <u>38</u> (Years)	
12) BIRTHPLACE <u>Cherokee Co SC</u>			18) BIRTHPLACE <u>Cherokee Co SC</u>	
13) OCCUPATION <u>Farming</u>			19) OCCUPATION <u>Housewife</u>	
20) Number of children born to mother, including present birth <u>10</u>			21) Number of children of this mother now living, including present birth <u>8</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. B. Gaffney

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Gaffney SC

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Date Mar 10, 1923 (28) Rev. F. J. Smith
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.

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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. TIME OF BIRTH. No. 2, etc. In question 3

BUREAU OF STATISTICS, COLUMBIA, S. C.