

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(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

File No.—For State Registrar Only

16675

Registration District No.

40-6

Registered No.

79

(For use of Local Registrar)

(No. _____ St. _____ Ward _____)

(2) Full Name of Child

Margie Lee McAbree

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

(3) BOY OR GIRL?

Girl

(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

May 4, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

H. W. McAbree

(9) PRESENT POSTOFFICE OF FATHER

Inman SC 2

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

27

(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Margie Abernathy

(15) PRESENT POSTOFFICE OF MOTHER

Inman SC 2

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

22

(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housewife

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

1

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was

born alive

at 7 A. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

J. P. Gibson M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Inman SC

Given name used from a supplemental report

M. L. C. 1

19 Registrar

(26) Witness

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

(27) Filed

May 4, 1922

(28)

C. A. Lafer

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.

M. L.