

(1) PLACE OF BIRTH

County of York
 Township of York
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
20607

Registration District No. 4408 Registered No. 94
 (For use of Local Registrar)

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

(2) Full Name of Child Sally Mabber If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 25 1922
 To be answered only in event of Twins or Triplets (Month) (Day) (Year)

FATHER.

(8) FULL NAME Will Mabber
 (9) PRESENT POSTOFFICE OF FATHER York R. F. D.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 20 (Years)
 (12) BIRTHPLACE Ebenzer S. C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 3

MOTHER.

(4) NAME BEFORE MARRIAGE Sarah Miller
 (15) PRESENT POSTOFFICE OF MOTHER York R. F. D.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20 (Years)
 (18) BIRTHPLACE Bethel
 (19) OCCUPATION Farmer
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Harriet Mabber, b. AM. on the date above stated. (Born alive or stillborn) (Hos. A. M. or P. M.)

(23) (Signature) Cynthia Phillips
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Harry Mabber (Signature of witness necessary only when question 23 is signed by mark)

(27) Filed June 29 1922 (28) John D. Hume 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.

McGAW OF COLUMBIA, COLUMBIA, S. C.

REGISTER

LOCAL REGISTRAR

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WRITE PLAINLY, WITH CAPITAL LETTERS. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD.
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.