

N.B.—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 1.

(1) PLACE OF BIRTH

County of Abbeville.....

Township of Normalis.....

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

Registration District No. 109

FILE—For State Registrar Only  
**8991**

Registered No. 21.....  
(For use of Local Registrar)

(2) Full Name of Child MARY Ella Long

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 case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married  
Yes

(7) DATE OF BIRTH April 18 23  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Arthur L Long

(9) PRESENT POSTOFFICE OF FATHER Abbeville R.F.D. 3

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 29  
(Years)

(12) BIRTHPLACE

Abbeville Co.

(13) OCCUPATION

Farmer

(14) Number of children born to mother, including present birth 7

**MOTHER.**

(14) NAME BEFORE MARRIAGE Sunie Davis Latham

(15) PRESENT POSTOFFICE OF MOTHER Abbeville R.F.D. 3

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 29  
(Years)

(18) BIRTHPLACE

Anderson Co S.C.

(19) OCCUPATION

Housewife

(20) Number of children of this mother now living, including present birth 7

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

(21) I hereby certify that I attended the birth of this child, who was Alive 6 at 6 A.M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) C.C. Gambrell

(23) State whether Physician (24) Address of Physician or Midwife

(Given name added from a supplemental report)

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

(26) Filed April 20 1923 (27) P. G. Dancy 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.

Registrar Local Registrar  
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