

Form No. 1

## (1) PLACE OF BIRTH

County of Abbeville, S.C.Township of Cedar Springs

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

36874

Registration District No. 103 Registered No. 21  
(For use of Local Registrar)(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 Esther Lee Finley (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL girl (4) Twin or Triplet? 3 (5) Number in order of birth 3 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 17, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Johnis Finley(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28  
(Years)(12) BIRTHPLACE Abbeville S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Emma Carroll(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24  
(Years)(18) BIRTHPLACE Abbeville S.C.(19) OCCUPATION Housewife(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 alive at 7 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Esther Marshall(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Abbeville S.C.

Given name added from a supplemental report

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

(27) Filed Nov 20, 1922 (28) Allen Ramey  
Registrar 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.  
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 5.

McGraw-Hill, Columbia, S. C.