

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.

(1) PLACE OF BIRTH				CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Abbeville</u>				STATE OF SOUTH CAROLINA		36866	
Township of <u>Abbeville</u>				Bureau of Vital Statistics			
or Inc. Town of				State Board of Health			
or City of <u>Abbeville</u>				Registration District No. <u>1a</u>		Registered No. <u>115</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(No. <u>33 Pinckney</u> St.; <u>3rd</u> Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Catherine Amelia Corley</u>							
(3) BOY OR GIRL? <u>girl</u>		(4) Twin or Triplet? <u>To be answered only in case of Twins or Triplets</u>		(5) Number in order of birth		(6) Are Parents Married? <u>Yes</u>	
						(7) DATE OF BIRTH <u>November 8th 1922</u> (Name of Month) (Day) (Year)	
FATHER.				MOTHER.			
(8) FULL NAME <u>Elbert Perry Corley</u>				(14) NAME BEFORE MARRIAGE <u>Lilly Shaw Clark</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>#33 Pinckney St. Abbeville, S.C.</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>#33 Pinckney St. Abbeville, S.C.</u>			
(10) COLOR OR RACE <u>White</u>		(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)		(16) COLOR OR RACE <u>White</u>		(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)	
(12) BIRTHPLACE <u>Minty, S.C.</u>				(18) BIRTHPLACE <u>Hickory, N.C.</u>			
(13) OCCUPATION <u>Saleman in Clothing Store</u>				(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>One</u>				(21) Number of children of this mother now living, including present birth <u>One</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*							
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>7:15 P. M.</u> on the date above stated. (Born alive or stillborn) (Hour, M., or P. M.)							
(23) (Signature) <u>J. R. Power M.D.</u>				(24) Address of Physician or Midwife <u>Abbeville, S.C.</u>			
(25) State whether Physician or Midwife <u>Physician</u>				(26) Address of Physician or Midwife <u>Abbeville, S.C.</u>			
Given name added from a supplemental report				(27) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
..... 19				(28) <u>Nov 11 1922</u> <u>Miss Julia McAllister</u> 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.							
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.							