

(1) PLACE OF BIRTH

County of *Spartanburg*Township of *Rock*

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Hamlet Samuel Mabry*

File No. — For State Registrar Only

37711

Registration District No. *4006* Registered No. *44143*
(For use of Local Registrar)

(No. St. Ward)

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

(a) BOY OR GIRL *Boy* (c) Twin or Triplet *Twin* (d) Number in order of birth *1st* (e) Are Twins Marked *yes* (f) DATE OF BIRTH *11-7-23*
(Name of Month) (Day) (Year)

FATHER.

(a) FULL NAME *Sam Mabry*(b) PRESENT POSTOFFICE OF FATHER *Trough S.C.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *28*
(Year)(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Mechanic*(20) Number of children born to mother, including present birth *4*

MOTHER.

(14) NAME BEFORE MARRIAGE *Maudie Fowler*(15) PRESENT POSTOFFICE OF MOTHER *Trough S.C.*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *27*
(Year)(18) BIRTHPLACE *S.C.*(19) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was *alive* at *59* M., on the date above stated. (Hour M. or P. M.)(23) (Signature) *N. L. Kippatuck*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *M. D. Fowler S.C.*

(If name added from a supplemental report)

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

(27) Filed *Dec 13 1923* (28) *M. W. Brown* 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.

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