

(1) PLACE OF BIRTH

County of SaludaTownship of 3

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.)

(2) Full Name of Child Freddie Abney

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

(3) SEX OR CHILD <u>boy</u>	(4) Type or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Age Current Month <u>7 1/2</u>	(7) DATE OF BIRTH <u>Feb 10 23</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Pick Abney(9) PRESENT POSTOFFICE OF FATHER Saluda S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 4 1/2 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Ornie Abney(15) PRESENT POSTOFFICE OF MOTHER Saluda S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 4 1/2 (Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Farm hand(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Ellen Robinson(23) State whether Physician or Midwife Midwife(24) Address of Physician or Midwife Saluda S.C.

Given name added from a supplemental report

(25) Witness

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

(26) Sued J. C. Clark (27) Mar. 2 1923

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the report. 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.