

Form No. 1

(1) PLACE OF BIRTH

County of SaludaTownship of No. 6or
Inc. Town ofor
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

File No.—For State Registrar Only

12774

Registration District No 3-9-0-5 Registered No. 3-2

(For use of Local Registrar)

St. _____ Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Feb 26 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Jim Abney(9) PRESENT POSTOFFICE OF FATHER Saluda SC(10) COLOR OR RACE Color (11) AGE AT LAST BIRTHDAY 28 (Year)(12) BIRTHPLACE Saluda Co(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Essie Abney(15) PRESENT POSTOFFICE OF MOTHER Saluda SC(16) COLOR OR RACE Color (17) AGE AT LAST BIRTHDAY 23 (Year)(18) BIRTHPLACE Saluda Co(19) OCCUPATION House Wife(20) 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 _____ at _____ M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ida Abney(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Saluda SC

Given name added from a supplemental report

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

(27) Filed May 11 1922 (28) Local Registrar W. K. Koon

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.

* In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1, and OTHER, No. 2, etc., in question 5.

Bureau of Vital Statistics, Columbia, S. C.