(1) PLACE OF BIRTH

County of Anderson

Township of Brushy Creek

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(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 Bureau of Vital Statistics
19801

Registration District No. 3.0.4... Registered No. 48
(For use of Local Registrar)

(2) Full Name of Child Henry Mabry

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH July 17, 1923 (Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Luther Mabry	(14) NAME BEFORE MARRIAGE Mellie Mabry
(9) PRESENT POSTOFFICE OF FATHER Easly SC #3	(15) PRESENT POSTOFFICE OF MOTHER Easly SC #3
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27 (Years)	(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE S C	(18) BIRTHPLACE S C
(13) OCCUPATION Farmer	(19) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 2	(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Hannah Babb

(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife Easly SC #3

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed July 31 1923 (28) J. R. Nolan
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.