

(1) PLACE OF BIRTH

County of

Township of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

8250

Registration District No. 3706

Registered No. 37

(For use of Local Registrar)

(No. of Ward)

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

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

BOY OR GIRL? Girl	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? Yes	(7) DATE OF BIRTH
				Feb 14 1923
				(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Marion L. Abernethy

(9) PRESENT POSTOFFICE OF FATHER Pickens, S.C.

(10) COLOR OR RACE white

(11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Pickens Co

(13) OCCUPATION Textile Operative

(14) Number of children born to mother, including present birth 3

MOTHER

(15) NAME BEFORE MARRIAGE Bessie W. Winchester

(16) PRESENT POSTOFFICE OF MOTHER Pickens, S.C.

(17) COLOR OR RACE white

(18) AGE AT LAST BIRTHDAY 23 (Years)

(19) BIRTHPLACE Pickens Co

(20) OCCUPATION Housewife

(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 born on the date above stated.

(23) (Signature) J. A. Abernethy

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Even name added from a supplemental report

June 11 1923

James S. Abernethy

Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 191 (28) 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.

Local Registrar

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