

(1) PLACE OF BIRTH

County of

Township of

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 Registrar Only

37712

Registration District No. 4006

Registered No. 144
(For use of Local Registrar)

(2) Full Name of Child

Edward Friedrich Mabry

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

(3) BOY OR GIRL
Boy(4) Twin or Triplet
Twin(5) Number in order of birth
1st(6) Are Parents Married
yes(7) DATE OF BIRTH
11-7-23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Sam Mabry

(9) 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

Machinist

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

11

MOTHER.

(14) NAME BEFORE MARRIAGE

Maude 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
on the date above stated.above at 59 M.
(Born alive or stillborn. If born M. or F. M.)

(23) (Signature)

N. P. Kripshat

(24) State whether Physician or Midwife

Physician or Midwife

(25) Given 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 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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