

WRITE PLAINLY, WITH EXPANDED MARGINS. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Abbeville
Township of LONG CAIN
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 107

For State Registrar Only
8070

Registered No. 22
(For use of Local Registrar)

(No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Julius Allen Finley

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 Twin or Triplet | (5) Number in order of birth | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Apr. 29</u> <u>1923</u> (Name of Month) (Day) (Year) |
| FATHER. | | | MOTHER. | |
| (8) FULL NAME <u>Jas Louis Finley</u> | | | (14) NAME BEFORE MARRIAGE <u>Maggie Beau'ford</u> | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Abbeville S.C.</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville S.C.</u> | |
| (10) COLOR OR RACE <u>White</u> | (11) AGE AT LAST BIRTHDAY <u>50</u> (Years) | (16) COLOR OR RACE <u>White</u> | (17) AGE AT LAST BIRTHDAY <u>40</u> (Years) | |
| (12) BIRTHPLACE <u>Abbeville Co.</u> | | | (18) BIRTHPLACE <u>Abbeville Co.</u> | |
| (13) OCCUPATION <u>Farmer</u> | | | (19) OCCUPATION <u>Housewife</u> | |
| 20) Number of children born to mother, including present birth <u>8</u> | | | 21) Number of children of this mother now living, including present birth <u>8</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 1130 M., on the date above stated.
(Born alive or stillborn) (Hour M. or P. M.)

(23) (Signature) O.C. Gambrell
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Abbeville S.C.

Given name added from a supplemental report

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

(27) Filed May 9 1923 (28) J. E. Presley 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.