CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
91792

(1) PLACE OF BIRTH
County of Spartanburg
Township of Beech Springs
or
Inc. Town of ..... Registration District No. Voors Registered No. 99
(For use of Local Registrar)
or
City of ..... (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. Dr. Louise McAbee

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

(3) BOY OR GIRL? Girl

(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 Dec. (Name of Month) 29 (Day) 1916 (Year)

FATHER.

(8) FULL NAME Heyodam McAbee

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

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Spartanburg Co.

(13) OCCUPATION Mill work

(20) Number of children born to mother, including present birth Five (5)

MOTHER.

(14) NAME BEFORE MARRIAGE Oris Jackson

(15) PRESENT POSTOFFICE OF MOTHER Pacolet S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 31 (Years)

(18) BIRTHPLACE Spartanburg Co, S.C.

(19) OCCUPATION House Wife

(21) Number of children of this mother now living, including present birth Five (5)

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 1:30 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) S. Brown

(24) State whether Physician or Midwife Phy.

(25) Address of Physician or Midwife Pacolet S.C.

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed Dec 30 1916 (28) S. 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.

FORM NO. 6
WHITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK, for each child, and mark the FIRST-BORN, No. 1, THIRD OTHER, No. 2, etc., in question 5.
To Clerk of Columbia.

before the fifth month of pregnancy.

fifth month of pregnancy.