

WRITE PLAINLY, WITH UNFADING 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. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

County of Abbeville
 Township of
 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.)

Registration District No. 104 Registered No. 171
 (For use of Local Registrar)

File No.—For State Registrar Only
17278

(2) Full Name of Child
 (If child is not yet named, make supplemental report as directed)

(3) BIRTH GIRL? (4) TWINS or TRIPLETS? 1 (5) Number in order of birth 13 (6) Are Parents Married? Yes (7) DATE OF BIRTH 6/29 1922
To be answered only in event of Twins or Triplets (Name / Month / Day) (Year)

FATHER.

(8) FULL NAME J. G. Fleming
 (9) PRESENT POSTOFFICE OF FATHER Due West S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43
 (12) BIRTHPLACE Abbeville
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Mabel Davis
 (15) PRESENT POSTOFFICE OF MOTHER Due West S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29
 (18) BIRTHPLACE Texas
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) J. O. Rice
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Due West S.C.

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 10 1922 (28) J. H. Probst Local Registrar

*When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it must not be reported a stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

McCREA OF COLUMBIA, COLUMBIA, S. C.