

## (1) PLACE OF BIRTH

County of AbbevilleTownship of Abbeville

or

Inc. Town of

or Abbeville

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 Not named { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? Not (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 13 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Geo. P. Flynn(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44 (Years)(12) BIRTHPLACE Macon Ga.(13) OCCUPATION Loco-Engineer(14) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Norma Tchrone Fuller(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Years)(18) BIRTHPLACE Mountwith S.C.(19) OCCUPATION Housewife(20) 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 born alive at 10.15 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Physician(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Abbeville S.C.

Give name added from a supplemental report

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

(27) Filed June 17, 1922 (28) Miss Lucia McAllister 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.

\*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.

File No.—For State Registrar Only

17255

Only

Ward)

make

ected

2

ick

2

S.

1

M.

P.M.)

M.

P.M.)

Wife

...

...

...

...

...

...

...

...

...