

Form No. 1

(1) PLACE OF BIRTH

County of AbbevilleTownship of Abbeville

Inc. Town of

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 Mamie Hardness Henry

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

(3) SEX girl (4) Twin or Triplet No (5) Number in order of birth 1st (6) Are Parents Married Yes (7) DATE OF BIRTH July 15, 1933
(Month) (Day) (Year)

FATHER.

(8) FULL NAME George Hardness(9) PRESENT POSTOFFICE OF FATHER Abbeville, S.C. H. 38(10) COLOR OR RACE Blk. (11) AGE AT LAST BIRTHDAY 20
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Seanna Henry(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C. H. 38(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 19
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Olivia Lomas(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Abbeville

Given name added from a supplemental report

(26) Witness J. R. Pressley
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 25, 1933 (28) J. E. Pressley
Registrar Local Registrar.

*When there was no attending physician or midwife, then the father, household, 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.

WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD.
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 8.

Revised by Columbia, Columbia, S. C.

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

File in—For State Registrar Only
19584

Registration District No. 100 Registered No. 40
(For use of Local Registrar)

(No. St. Ward)

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