

Form No. 1

(1) PLACE OF BIRTH

County of Abbeville
 Township of Abbeville
 OF
 Inc. Town of.....
 OF
 City of

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)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX ONLY <u>girl</u>	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>July 15 1923</u> (Month) (Day) (Year)
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FATHER.

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

MOTHER.

(14) NAME BEFORE MARRIAGE Seanna Henry
 (15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C. A. 38
 (16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 19
 (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. E. Pready
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 25 1923 (28) J. E. Pready
 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.

MARGIN RESERVED FOR INDEXING.
 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 1.
 Bureau of Columbia, Columbia, S. C.