

## (1) PLACE OF BIRTH

County of AbbevilleTownship of Danah

Inc. Town of .....

City of Ham Shook BC

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

(2) Full Name of Child Mary Ruth Gable

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 Twin or Triplet(5) Number in  
order of birth(6) Are  
Parents  
Married Yes(7) DATE OF  
BIRTH Jan 19 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME H. C. Gable(9) PRESENT  
POSTOFFICE  
OF FATHER Ham Shook BC(10) COLOR  
OR  
RACE White(11) AGE AT LAST  
BIRTHDAY 21  
(Years)(12) BIRTHPLACE  
Mc Connick(13) OCCUPATION  
Day mill(14) Number of children born to  
mother, including present birth 1

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Daisy Hoops(15) PRESENT  
POSTOFFICE  
OF MOTHER Ham Shook BC(16) COLOR  
OR  
RACE White(17) AGE AT LAST  
BIRTHDAY 22  
(Years)(18) BIRTHPLACE  
Greenwood Co.(19) OCCUPATION  
housewife(20) Number of children of this mother  
now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 10 A. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) [Signature](23) State whether Physician or Midwife Physician(24) Address of Physician or Midwife Ham Shook BC(Given name added from a supplement-  
al report)

(25) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed Jan 22 1924

(28)

John Brink  
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.