

(1) PLACE OF BIRTH  
(2) PLACE OF BIRTH  
County of Marble  
Township of Home  
City of .....

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

No. for State Registrar Only

No. for State Registrar Only

7940

Registration District No. 3407 Registered No. 22  
(For use of Local Registrar)

City of ..... (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 Maria Abby If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD Girl (4) Date of Birth Feb 4, 23 (5) Age at Birth 23 (6) DATE OF BIRTH (Name of Month) (Day) (Year)

FATHER.  
(7) FULL NAME James Abby  
(8) PRESENT POSTOFFICE OF FATHER Chapfells S.C.  
(9) COLOR OR RACE Red (10) AGE AT LAST BIRTHDAY 22 (Year)  
(11) BIRTHPLACE S.C.  
(12) OCCUPATION Team Haul  
(13) Number of children born to mother, including present birth Two

MOTHER.  
(14) NAME BEFORE MARRIAGE Eva Butler  
(15) PRESENT POSTOFFICE OF MOTHER Chapfells S.C.  
(16) COLOR OR RACE Red (17) AGE AT LAST BIRTHDAY 19 (Year)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Team Haul  
(20) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.  
(21) I hereby certify that I attended the birth of this child, who was ..... at ..... M.,  
on the date above stated. (Born alive or stillborn) (Hour and P. M.)

(22) (Signature) Theresa Hamble  
(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Chapfells S.C.

(25) Witness ..... (Signature of witness necessary only when question 21 is signed by mark.)  
(26) Date Apr 10, 23 (27) Local Registrar J. P. Holman  
Physician, Nurse, Midwife, etc., should make this report for all live births, stillbirths. No report is desired of stillbirths or the time of pregnancy.