

(1) PLACE OF BIRTH

County of *Fairfield*Township of *H.*Inc. Town of *H.*City of *Shelton*

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

(2) Full Name of Child *Flornie Mabry* If child is not yet named, make supplemental report as directed

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|-----------------------------|---------------------|------------------------------|-------------------------------------|--|
| (3) BOY OR GIRL <i>Girl</i> | (4) Twin or Triplet | (5) Number in order of birth | (6) Are Parents Married? <i>Yes</i> | (7) DATE OF BIRTH <i>June 26 1923</i> (Month of Month) (Day) (Year) |
|-----------------------------|---------------------|------------------------------|-------------------------------------|--|

FATHER.

(8) FULL NAME *Will Mabry*(9) PRESENT POSTOFFICE OF FATHER *Shelton, S. C.*(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *40* (Year)(12) BIRTHPLACE *Fairfield Co.*(13) OCCUPATION *Farm Laborer*(14) Number of children born to mother, including present birth *6*

MOTHER.

(14) NAME BEFORE MARRIAGE *Mary Norman*(15) PRESENT POSTOFFICE OF MOTHER *Shelton, S. C.*(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *30* (Year)(18) BIRTHPLACE *Fairfield Co.*(19) OCCUPATION *Housewife*(20) Number of children of this mother now living, including present birth *5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *8 P. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Sarah Smith*(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Shelton, S. C.*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed *June 27 1923* (28) *W. C. W. Fawcett* 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.