

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 enter the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Abbeville.....  
Township of Abbeville.....  
or  
Inc. Town of.....  
or  
City of Abbeville.....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

No. 1a.—For State Registrar Only

30675

Registration District No. 1a Registered No. 85  
(For use of Local Registrar)

(2) Full Name of Child Bennie Frank McGurty

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

(a) SEX OR CHILD Boy (b) Type or Infant To be named at birth of Twin or Triple (c) Number in order of birth 1 (d) Age at birth Yes (e) DATE OF BIRTH Oct. 26, 1923  
(Name of Month) (Day) (Year)

FATHER.

(a) FULL NAME Frank Cox McGurty

(b) PRESENT RESIDENCE OF FATHER Abbeville, S. C.

(c) COLOR White (d) AGE AT LAST BIRTHDAY 26  
(Year)

(e) BIRTHPLACE Abbeville, S. C.

(f) OCCUPATION Mill Work

(g) Number of children born to mother, including present birth 2

MOTHER.

(a) NAME BEFORE MARRIAGE Isabel Tyner

(b) PRESENT RESIDENCE OF MOTHER Abbeville, S. C.

(c) COLOR White (d) AGE AT LAST BIRTHDAY 21  
(Year)

(e) BIRTHPLACE Hart Co., Ga.

(f) OCCUPATION Housewife

(g) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was Alive at 8 PM., on the date above stated.  
(Born alive or stillborn) (Hour, M. or P. M.)

(24) (Signature) G. C. Gambrell (25) Address of Physician or Midwife Abbeville, S. C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Signed A. A. 31, 1923 (Signature of 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.

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