

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Abbeville, S. C.  
 Township of Abbeville  
 Inc. Town of.....  
 City of Abbeville, S. C. (No. 52 Maple St.; ..... 3rd ..... Ward)  
 (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. 34823

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

(2) Full Name of Child Lebn Anderson McGaslan If child is not yet named, make supplemental report as directed

(3) SEX OR Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Great Grandfather Yes (7) DATE OF BIRTH Nov. 19, 1923  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Robert McGaslan  
 (9) PRESENT RESIDENCE OF FATHER Abbeville, S. C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Year)  
 (12) BIRTHPLACE Abbeville Ga.  
 (13) OCCUPATION Mill Work  
 (14) Number of children born to mother, including present birth 5

**MOTHER.**  
 (15) NAME BEFORE MARRIAGE Marsilla Porter  
 (16) PRESENT RESIDENCE OF MOTHER Abbeville, S. C.  
 (17) AGE AT LAST BIRTHDAY 30 (Year)  
 (18) COLOR OR RACE White  
 (19) BIRTHPLACE Georgia.  
 (20) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A. M.,  
 on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) O. O. Gambrell, M. D.  
 (24) State whether Physician or Midwife (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) Nov. 24, 1923 Julia M. Williams 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.

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.