

(1) PLACE OF BIRTH

County of Abbeville
 Township of Abbeville
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

40517

Registration District No. 100 Registered No. 80
 (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

Wat Hamel

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 5, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Marshall(9) PRESENT POSTOFFICE OF FATHER Abbeville S C(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 23
 (Years)(12) BIRTHPLACE Abbeville S C(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Julia McBride Marshall(15) PRESENT POSTOFFICE OF MOTHER Abbeville S C(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 20
 (Years)(18) BIRTHPLACE S C(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:30 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sara V. Watt

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Abbeville S C

Given name added from a supplement-
 al report

(26) Witness J. E. Pressly
 (Signature of Witness necessary only
 when question 23 is signed by mark)

(27) Filed Dec 13, 1922 (28) J. E. Pressly
 Registrar 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.

MARGIN RESERVED FOR BINDING.

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 mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.