

(1) PLACE OF BIRTH

County of GreenvilleTownship of 1Inc. Town of GreenvilleCity of Greenville

(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

File No.—for State Registrar Only

28457

Registration District No. 22ARegistered No. 402
(For use of Local Registrar)

(2) Full Name of Child

Ruby Agabry

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet

1

(5) Number in order of birth

2

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

Sept 21922

(Month) (Day) (Year)

FATHER.

(8) FULL NAME

Fred Agabry

(9) PRESENT POSTOFFICE OF FATHER

Greenville

(10) COLOR OR RACE

W.

(11) AGE AT LAST BIRTHDAY

23

(12) BIRTHPLACE

SC.

(13) OCCUPATION

Textile work

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Bonnie H. Hooper

(15) PRESENT POSTOFFICE OF MOTHER

Same

(16) COLOR OR RACE

W.

(17) AGE AT LAST BIRTHDAY

18

(18) BIRTHPLACE

NC.

(19) OCCUPATION

Domestic

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was B. Agabry at 1:20 P.M. on the date above stated.
(Born alive or stillborn) (How A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

Physician

(Given name added from a supplemental report)

(25) Witness

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

(27) Filed

Oct 3 1922

(28)

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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