

WHITE PLAINCY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. H.—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.

## (1) PLACE OF BIRTH

County of **Abbeville**

Township of .....

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.)

(2) Full Name of Child **Mary Evelyn Smith**

File No.—For State Registrar Only

**36867**

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. **1a**Registered No. **119**  
(For use of Local Registrar)(No. **121 So. Main** St.; ..... Ward)

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

(3) BOY OR GIRL? <b>Girl</b>	(4) Twin or Triplet? <b>To be answered only in case of Twins or Triplets</b>	(5) Number in order of birth	(6) Are Parents Married? <b>Yes</b>	(7) DATE OF BIRTH <b>Nov. 28</b> 19 <b>25</b> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME **George Davis Smith**(9) PRESENT POSTOFFICE OF FATHER **Abbeville S.C.**(10) COLOR OR RACE **White** (11) AGE AT LAST BIRTHDAY **25** (Years)(12) BIRTHPLACE **Abbeville Co. S.C.**(13) OCCUPATION **Mill Work**(20) Number of children born to mother, including present birth **1**

## MOTHER.

(14) NAME BEFORE MARRIAGE **Annie May Beasley**(15) PRESENT POSTOFFICE OF MOTHER **Abbeville S.C.**(16) COLOR OR RACE **White** (17) AGE AT LAST BIRTHDAY **17** (Years)(18) BIRTHPLACE **Abbeville Co 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 **Alive** at **5** P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) **C.C. Gambrell**(24) State whether Physician or Midwife (25) Address of Physician or Midwife **Physician 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) **Dec 2 1925** **Miss Julia McEllister** 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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