

Form No. 1

(1) PLACE OF BIRTH

County of Saluda

Township of .....

or

Inc. Town of .....

or

City of .....

(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. — For State Registrar Only

33701

Registration District No. 3905

Registered No. 27  
(For use of Local Registrar)

(2) Full Name of Child No name

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

(3) SEX OF CHILD Boy (4) Type or Token Te (5) Number in order of birth 1 (6) Age of Mother 26 (7) DATE OF BIRTH Sept 23 1923  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Richard M. Mabley

(9) PRESENT POST OFFICE OF FATHER Saluda

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 31  
(Year)

(12) BIRTHPLACE Saluda S.C.

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth 5

MOTHER.

(15) NAME BEFORE MARRIAGE Salley Davis

(16) PRESENT POST OFFICE OF MOTHER Saluda S.C.

(17) COLOR OR RACE Negro (18) AGE AT LAST BIRTHDAY 32  
(Year)

(19) BIRTHPLACE S.C.

(20) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Lda. Mabley

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Saluda

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 25 is signed by Marry)

(27) Date Nov 2 1923 (28) F. B. Mabley 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.