

## (1) PLACE OF BIRTH

County of

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.)

## (2) Full Name of Child

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

Yes

DATE OF BIRTH

Dec. 28, 22

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

James M. Mabry

(9) PRESENT POSTOFFICE OF FATHER

Pacolet S.C. #1

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

37

(12) BIRTHPLACE

Cherokee Co. S.C.

(13) OCCUPATION

Farmer

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

5

## MOTHER.

(14) NAME BEFORE MARRIAGE

May Hames

(15) PRESENT POSTOFFICE OF MOTHER

Same

(16) COLOR OR RACE

Same

(17) AGE AT LAST BIRTHDAY

27

(18) BIRTHPLACE

Same

(19) OCCUPATION

Domestic

(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... at... M., on the date above stated.

(23) (Signature)

Forenda Hames

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Pacolet S.C. #1

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Jan. 6, 1923

(28)

M.B. Harris

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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