

No. 1

(1) PLACE OF BIRTH

County of Abbeville

Township of .....

or  
Inc. Town of .....

or  
City of Abbeville (No. .... St.; .... Ward)

(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

36864

Registration District No. 1 A

Registered No. 120  
(For use of Local Registrar)

(2) Full Name of Child William Reese McWhorter (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? .....	(5) Number in order of birth .....	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 15 1922</u> (Name of Month) (Day) (Year)
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To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME Clifton Reese McWhorter

(9) PRESENT POSTOFFICE OF FATHER Abbeville S C

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Abbeville S C

(13) OCCUPATION R.R. Flagman

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Lee Holloway

(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Edgfield, 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 9:45 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. E. Priestly

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Abbeville S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Date Nov 29 1922 (28) Miss Julia McAllister 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.