

## (1) PLACE OF BIRTH

County of Spartanburg  
 Township of Cannonsville  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
16674

Registration District No. 40:6 Registered No. 78  
 (For use of Local Registrar)

City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child James Thomas McAbee If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH May 1, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James A. McAbee

(9) PRESENT POSTOFFICE OF FATHER Auman, S.C. R4

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE W. S.C.

(13) OCCUPATION farmer

(20) Number of children born to mother, including present birth 9

## MOTHER.

(14) NAME BEFORE MARRIAGE Marilla Rollins

(15) PRESENT POSTOFFICE OF MOTHER Auman, S.C. R4

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 37 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:30 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Geo. E. Thompson (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Auman, S.C.

Given name added from a supplemental report

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

(27) Filed May 2, 1922 (28) E. C. C. C. C. C. 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.