

(1) PLACE OF BIRTH

County of *Spartanburg*  
Township of *Cherokee*  
or  
Inc. Town of  
or  
City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

74745  
Registered No. *228*  
(For use of Local Registrar)

Registration District No. *40070*

St. Ward

(2) Full Name of Child *Beyford Abernathy* (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 *2* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Aug 27 1916* (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Fred Abernathy*  
(9) PRESENT POSTOFFICE OF FATHER *Cherokee SC R2*  
(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *35* (Years)  
(12) BIRTHPLACE *S.C.*  
(13) OCCUPATION *Farming*  
(20) Number of children born to mother, including present birth *2*

MOTHER.

(14) NAME BEFORE MARRIAGE *Margaret Kimball*  
(15) PRESENT POSTOFFICE OF MOTHER *Cherokee SC R2*  
(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *36* (Years)  
(18) BIRTHPLACE *S.C.*  
(19) OCCUPATION *Housewife*  
(21) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was *Alive* at *8* M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Julian Loonh*  
(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Cherokee SC R2*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed *Aug 29 1916* (28) *J. B. ...* 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.