

MARGIN RESERVED FOR ENDING.  
 WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 IN B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

County of Abbeville  
 Township of Greenwood  
 Inc. Town of —  
 City of —

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

No. 30000

Registration District No. 10.4 Registered No. 4.9  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Anthony Christopher If child is not yet named, make supplemental report as directed

(3) SEX Male (4) Twp. or Town Greenwood (5) Number in order of birth 1 (6) Yes (7) DATE OF BIRTH Oct 16 1923  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Yonay Christopher  
 (9) PRESENT RESIDENCE OF FATHER One west 25  
 (10) COLOR negro (11) AGE AT LAST BIRTHDAY 26  
 (12) BIRTHPLACE Anderson Co  
 (13) OCCUPATION Farmer  
 (14) Number of children born to mother, including present birth 4

MOTHER.  
 (15) FULL NAME Lucie M. H. H. H.  
 (16) PRESENT RESIDENCE OF MOTHER One west 25  
 (17) COLOR negro (18) AGE AT LAST BIRTHDAY 24  
 (19) BIRTHPLACE One west 25  
 (20) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2.20 M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) W. B. Presley  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife One west 25

Given name added from a supplemental report

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

(27) Filed Nov. 15 1923 (28) J. H. D. Smith 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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