

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

County of Abbeville
Township of Due West
or
Inc. Town of.....
or
City of..... (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 10.6 Registered No. 3
(For use of Local Registrar)

File No.—For State Registrar Only

2822

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

(3) BOY OR GIRL GIRL (4) 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 7/13 19 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. H. Kolchey
(9) PRESENT POSTOFFICE OF FATHER Waynesville, N.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)
(12) BIRTHPLACE Anderson Co.
(13) OCCUPATION Student
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Annie C. C. C.
(15) PRESENT POSTOFFICE OF MOTHER Abbeville, S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)
(18) BIRTHPLACE Abbeville
(19) OCCUPATION House wife
(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 J. M. Black at 7 P.M. M., on the date above stated. (Hour A. M. or P. M.)
(23) (Signature) J. M. Black
(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 23 is signed by mark)

(27) Filed Abbeville 7. 19 22 (28) J. M. Black
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.