

WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 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 2.

(1) PLACE OF BIRTH

County of Abbeville.....

Township of Abbeville....

Inc. Town of.....

City of Abbeville, S. C. (No. 71 Mill.....St.; 3rd.....Ward)

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

(2) Full Name of Child Lemuel Nathaniel Marrel.....

No. for State Registrar Only
34281

Registration District No. 1A

Registered No. 97
 (For use of Local Registrar)

(3) SEX OF CHILD
Boy

(4) Twin or Triplet
No

(5) Number in order of birth
1st

(6) Is Child Married? Yes

(7) DATE OF BIRTH Nov. 11, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lemuel P. Marrel

(9) PRESENT RESIDENCE OF FATHER Abbeville, S. C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 40
 (Years)

(12) BIRTHPLACE

Laurens - Laurens Co.

(13) OCCUPATION

Mill Work

(14) Number of children born to mother, including present birth
8

MOTHER.

(15) NAME BEFORE MARRIAGE Maggie Ranko

(16) PRESENT RESIDENCE OF MOTHER Abbeville, S. C.

(17) COLOR OR RACE White

(18) AGE AT LAST BIRTHDAY 38
 (Years)

(19) BIRTHPLACE

Edgefield Co.

(20) 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... Alive.....at 1 A.....M.,
 on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)

(23) (Signature) G. C. Gambrell M. D.
 (24) State whether Physician or Midwife (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 Nov. 17, 1923 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.

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