

MARGIN RESERVED FOR BINDING.

WHITE 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 5.

(1) PLACE OF BIRTH

County of Greenwood, S.C.
Township of Greenwood.....
or
Inc. Town of Greenwood.....
or
City of Greenwood.....
(If birth occurs in a hospital or other institution, give name of street and number.)

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

File No.—For State Registrar Only

22471

Registration District No. 73a

Registered No. 91
(For use of Local Registrar)

(2) Full Name of Child Paul Erwin McAbee

If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD <u>Male</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 10th 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Charles Erwin McAbee.</u>			(14) NAME BEFORE MARRIAGE <u>Marjorie Malinda May Kirkland.</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Greenwood, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenwood, S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
(12) BIRTHPLACE <u>Elberton, Ga.</u>		(18) BIRTHPLACE <u>Polk County Tenn.</u>		
(13) OCCUPATION <u>Mill Operative</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>Three (3)</u>		(21) Number of children of this mother now living, including present birth <u>Three (3)</u>		

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, P. M. or P. M.)

(23) (Signature) R. H. Hester

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Greenwood 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 6/8/22 (28) W. A. Williams 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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