

## (1) PLACE OF BIRTH

County of Abbeville  
 Township of Abbeville

Inc. Town of \_\_\_\_\_  
 or \_\_\_\_\_

City of \_\_\_\_\_  
 (If birth occurs in a hospital or other institution, give name of same instead 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  
**20622**

(2) Full Name of Child. Margaret Lucille Norris { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? Yes (7) DATE OF BIRTH July 18, 1922  
To be answered only in event of Twins or Triplets (For use of Local Registrar)  
(Name of Month) (Day) (Year)

## FATHER.

(1) FULL NAME John Thomas Norris

(2) PRESENT POSTOFFICE OF FATHER Abbeville S.C. R 4

(3) COLOR OR RACE White (4) AGE AT LAST BIRTHDAY 40  
(Years)

(5) BIRTHPLACE Pickens Co. S.C.

(6) OCCUPATION Farmer

(7) Number of children born to father, including present birth 7

## MOTHER

(14) NAME BEFORE MARRIAGE Lila Belle Smith

(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C. R 4

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35  
(Years)

(18) BIRTHPLACE Abbeville Co. S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:15 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Abbeville S.C.

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed July 24, 1922 (28) D. E. Pressley 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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Registrar Only

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 (For use of Local Registrar)

..... Ward)

ed, make directed

19.....  
 (Year)

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 (Year)

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.....  
 M. or P. M.)

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 or Midwife

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 Registrar.

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 return.