

## CERTIFICATE OF BIRTH

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

File No.—for State Registrar Only

2595

## (1) PLACE OF BIRTH

County of Abbeville.....

Township of .....

OF  
Inc. Town of.....OR  
City of Abbeville.....

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

Registration District No...1.A. Registered No...14.....  
(For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 19, 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Harry M. Lussay(9) PRESENT POSTOFFICE OF FATHER Abbeville, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION mill work(14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Daisy Willis(15) PRESENT POSTOFFICE OF MOTHER Abbeville, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION house wife(20) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. P. Gambrell M.D.(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 22 is signed by mark)

(27) Filed Feb. 16, 1923 (28) Wm. J. L. Lusk 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.

MARGIN RESERVED FOR BINDING. 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 1.