

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 5.

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**1) PLACE OF BIRTH**  
 County of Abbeville  
 Township of Magnolia  
 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.)

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

File No.—For State Registrar Only  
**40548**

Registration District No. 109 Registered No. 110  
 (For use of Local Registrar)

**(2) Full Name of Child** Iola Lee (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? no (7) DATE OF BIRTH. Dec 22 1922  
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME		(14) NAME BEFORE MARRIAGE	<u>Annie Lee</u>
(9) PRESENT POSTOFFICE OF FATHER		(15) PRESENT POSTOFFICE OF MOTHER	<u>Abbeville A. T. &amp; S. 1</u>
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY..... (Years)	(16) COLOR OR RACE <u>black</u>	(17) AGE AT LAST BIRTHDAY..... (Year)
(12) BIRTHPLACE		(18) BIRTHPLACE	<u>Abbeville Co</u>
(13) OCCUPATION		(19) OCCUPATION	<u>Farming</u>
(20) Number of children born to mother, including present birth	<u>1</u>	(21) Number of children of this mother now living, including present birth	<u>1</u>

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Eliza Heaster  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Abbeville S. C.

Given name added from a supplemental report .....  
 ..... 19 ..... Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Jan 2 1923 (28) F. L. Vance 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.