

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		No. 1.—For State Registrar Only	
County of <u>Abbeville</u>		STATE OF SOUTH CAROLINA		Bureau of Vital Statistics	
Township of <u>Cedar Springs</u>		State Board of Health		20222	
Inc. Town of		Registration District No. <u>10.3</u>		Registered No. <u>19</u>	
City of		(No. St. Word)		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Mary Hill</u>				If child is not yet named, make supplemental report as directed	
(3) SEX OF CHILD <u>Girl</u>	(4) Type or Figure <u>To be given in a report of birth</u>	(5) Number in order of birth	(6) Are twins <u>Yes</u>	(7) DATE OF BIRTH <u>October 17, 1923</u>	
FATHER			MOTHER		
(8) FULL NAME <u>Clarence Attaway</u>			(10) NAME BEFORE MARRIAGE <u>Mary Hill</u>		
(9) PRESENT RESIDENCE OF FATHER <u>Greenville S.C.</u>			(11) PRESENT RESIDENCE OF MOTHER <u>Abbeville S.C.</u>		
(12) COLOR OR RACE <u>Black</u>	(13) AGE AT LAST BIRTHDAY <u>33</u>	(14) COLOR OR RACE <u>Black</u>	(15) AGE AT LAST BIRTHDAY <u>16</u>		
(16) BIRTHPLACE <u>Greenville S.C.</u>			(17) BIRTHPLACE <u>Abbeville County S.C.</u>		
(18) OCCUPATION <u>Laborer</u>			(19) OCCUPATION <u>Housewife</u>		
20 Number of children born to mother, including present birth <u>One</u>			21 Number of children of this mother now living, including present birth <u>One</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> on the date above stated. (Hour <u>9:15</u> M., or P. M.)					
(23) (Signature) <u>J. Power</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Abbeville S.C.</u>					
Given name added from a supplemental report			(26) Witnesses (Signature of Witness necessary only when question 23 is signed by mark)		
19			(27) Filed <u>Oct 22, 1923</u> (28) <u>Allen Ramey</u> 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.					
19			(29) Filed <u>Oct 22, 1923</u> (30) <u>J. Power</u> 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.					