

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, McCaw, of Columbia

(1) PLACE OF BIRTH
County of **Abbeville**
Township of **Abbeville**

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

File No.—For State Registrar Only
17242

Inc. Town of Registration District No. **1..a..** Registered No. **95**
(For use of Local Registrar)
City of **Abbeville** (No. **II S. Main** St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child **Mary Ellen Hafner** If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? **Girl** (4) Twin or Triplet? **No** (5) Number in order of birth **1** (6) Are Parents Married? **Yes** (7) DATE OF BIRTH **June 13, 1922**
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME **John Wagner Hafner**

(9) PRESENT POSTOFFICE OF FATHER **Abbeville S.C.**

(10) COLOR OR RACE **White** (11) AGE AT LAST BIRTHDAY **33** (Years)

(12) BIRTHPLACE **Chester Co.**

(13) OCCUPATION **R.R. Conductor**

(20) Number of children born to mother, including present birth **1**

MOTHER.

(14) NAME BEFORE MARRIAGE **Mary Jane Poore**

(15) PRESENT POSTOFFICE OF MOTHER **Abbeville S.C.**

(16) COLOR OR RACE **white** (17) AGE AT LAST BIRTHDAY **27** (Years)

(18) BIRTHPLACE

Laurens Co.
(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth **1**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **alive** at **5** P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **G.C. Gambrell M.D.**
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 191.....

..... Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed **June 17, 1922** (28) **Miss Julia McAllister** 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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