

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 4.

DEPT. OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of .....

Township of .....

OF

Inc. Town of .....

OF

City of Abbeville S.C. (No. 5 Maine 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

12532

Registration District No. 1-a

Registered No. 34

(For use of Local Registrar)

(2) Full Name of Child Pat Mamel

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

(3) BOY OR GIRL girl

(4) Twin or Triplet? —  
 To be answered only in case of Twin or Triplet

(5) Number in order of birth 4<sup>th</sup>

(6) Are Parents Married? yes

(7) DATE OF BIRTH 5 3 1923  
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Clemens Drauskin Marten

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

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31  
 (Year)

(12) BIRTHPLACE Lawrence S.C.

(13) OCCUPATION merchant

(20) Number of children born to mother, including present birth 4<sup>th</sup>

MOTHER.

(14) NAME BEFORE MARRIAGE Annah Mary Martin

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

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24  
 (Year)

(18) BIRTHPLACE Abbeville, S.C.

(19) OCCUPATION House-wife

(21) Number of children of this mother now living, including present birth 4<sup>th</sup>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 6:50 A.M.,  
 on the date above stated. (Born alive or stillborn. (Hour (A. M. or P. M.))

(23) (Signature) J. H. Hill, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

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

19 ..... Registrar

(27) Filed May 9 1923 (28) Julia M. Allen 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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