

## (1) PLACE OF BIRTH

County of CharlestonTownship of Kingsfield

Inc. Town of .....

City of .....

(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

Registration District No. 408 Registered No. 42

(For use of Local Registrar)

File No.—For State Registrar Only

11991

(2) Full Name of Child William Edgar McAbee

If child is yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Is born married Yes (7) DATE OF BIRTH Mar 30, 1923  
(Name of Month) (Day) (Year)(8) FULL NAME Wm D. McAbee (14) NAME BEFORE MARRIAGE Lola Smith(9) PRESENT POSTOFFICE OF FATHER Immans R 4 (15) PRESENT POSTOFFICE OF MOTHER Immans R 4(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28  
(Years) (Years)(12) BIRTHPLACE Ill. (18) BIRTHPLACE Ill.(13) OCCUPATION Farmer (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at SP on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Geo E Thompson (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Immans R 4

Given name added from a supplemental report

M. B. W. - M. D.  
6/5/43 19 43  
Registrar

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

(27) Filed Apr 23 19 43 (28) Local Registrar Calaper

\*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.