

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 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.

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

No. 1.—For State Registrar Only
31327

(1) PLACE OF BIRTH
 County of **Abbeville, S. C.**

Township of
 or
 Inc. Town of
 or
 City of **Abbeville, S. C.**

Registration District No. Registered No. **106**
 (For use of Local Registrar)

(No. **11** **Pinkney** 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 **Helin Slay**
 If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD **Girl** (4) Type or Figure **To be covered only in case of twins or triplets** (5) Age Parents Married **Yes** (7) DATE OF BIRTH **Nov. 27, 1923**
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME **Albert Slay**
 (9) PRESENT POSTOFFICE OF FATHER **Abbeville, S. C.**
 (10) COLOR OR RACE **White** (11) AGE AT LAST BIRTHDAY **24** (Years)
 (12) BIRTHPLACE **Oglethorpe, Ga.**
 (13) OCCUPATION **Barber**
 (14) Number of children born to mother, including present birth **1**

MOTHER.
 (14) NAME BEFORE MARRIAGE **Sallie May TURNER**
 (15) PRESENT POSTOFFICE OF MOTHER **Abbeville, S. C.**
 (16) COLOR OR RACE **White** (17) AGE AT LAST BIRTHDAY **18** (Years)
 (18) BIRTHPLACE **Greenwood, S. C.**
 (19) OCCUPATION **Housewife**
 (20) 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 **9** P. M.,
 (Born alive or stillborn) (Hour, M. or P. M.)
 on the date above stated.

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

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question is signed by mark)
 (27) Filed **Dec. 1, 1923** (28) **Julian M. D.** Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child is born dead, it shall not be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.