

Form No. 1

(1) PLACE OF BIRTH

County of Clarendon
 Township of Friendship
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

33815

Registration District No. 1304Registered No. 41
(For use of Local Registrar)

(No. 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 Home Adger

If child is not 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) Are Parents Married? Yes (7) DATE OF BIRTH Oct 14 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME James Adger(9) PRESENT POSTOFFICE OF FATHER Summerton S.C.(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 49 (Years)(12) BIRTHPLACE Clarendon S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Katie Adger(15) PRESENT POSTOFFICE OF MOTHER Summerton S.C.(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 39 (Years)(18) BIRTHPLACE Clarendon S.C.(19) OCCUPATION Home Friend(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 6 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rosena Rugin(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Summerton S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Oct 28 22(28) J. C. Richburg 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.

MARGIN RESERVED FOR BINDING.

WRITE 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. TIME OTHER, No. 2, etc., in question 5.

McGAW OF COLUMBIA, COLUMBIA, S. C.