

Form No. 1

(1) PLACE OF BIRTH

County of York
 Township of Chatham
 OF
 Inc. Town of
 OF
 City of

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

File No. For State Registrar Only
16287

Registration District No. 44.04 Registered No. 35
 (For use of Local Registrar)

(No. St.; Ward)
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Adia Chae Folbert If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>May 4 1923</u>
FATHER.			MOTHER.	
(8) FULL NAME <u>Jamie Folbert</u>			(14) NAME BEFORE MARRIAGE <u>Or Lee Thomas</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Rock Hill S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Rock Hill S.C.</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
(12) BIRTHPLACE <u>La.</u>			(18) BIRTHPLACE <u>La.</u>	
(13) OCCUPATION <u>Farm work</u>			(19) OCCUPATION <u>Farm work</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was
 on the date above stated.

(23) (Signature) Jessie Davis(24) State whether Physician or Midwife 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)

(27) Filed 5067 23

(28) 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.