

(1) PLACE OF BIRTH

County of GallopTownship of Landy Run

City 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

File No.—For State Registrar Only

395

Registration District No. 808Registered No.
(For use of Local Registrar)(2) Full Name of Child Matthie Bronastie Adams (If child has not yet named, make supplemental report as directed)(3) SEX OR
CHILD(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF
BIRTH

To be answered only in event of Twin or Triplet

FATHER.

MOTHER.

(8) FULL
NAME(9) PRESENT
RESIDENCE
OF FATHER(10) COLOR
OF
FATHER(11) AGE AT LAST
BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to
father, including present birth(14) NAME BEFORE
MARRIAGE(15) PRESENT
RESIDENCE
OF MOTHER(16) COLOR
OF
MOTHER(17) AGE AT LAST
BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

(20) Number of children of this mother
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive stillborn born A. M. born P. M.
on the date above stated.

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Give name added from a supplement-
al report

(25) Witness

(Signature of Witness necessary only
when question 23 is signed by "neph")(26) Filed Jan 20 1913

(27) 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.