

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

File No.—For State Registrar Only
18622

(1) PLACE OF BIRTH

County of Flambee
 Township of Leake
 or
 Inc. Town of.....
 or
 City of.....

Registration District No. 2009 Registered No. 43
 (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 Sarah Josephine Adkisson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 28 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Seals Adkisson
 (9) PRESENT POSTOFFICE OF FATHER Leake SC RI
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 57
 (12) BIRTHPLACE SC

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Lea L. Lawrence
 (15) PRESENT POSTOFFICE OF MOTHER Leake SC RI
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40
 (18) BIRTHPLACE SC

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. G. Eaddy

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Johns River

Given name added from a supplemental report

M.B. Woodward, M.D.
offd. 2/18/22
 19
 Registrar

(26) Witness

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

(27) Filed 6/17 19 22

(28)

R. L. L. L. L.
 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.